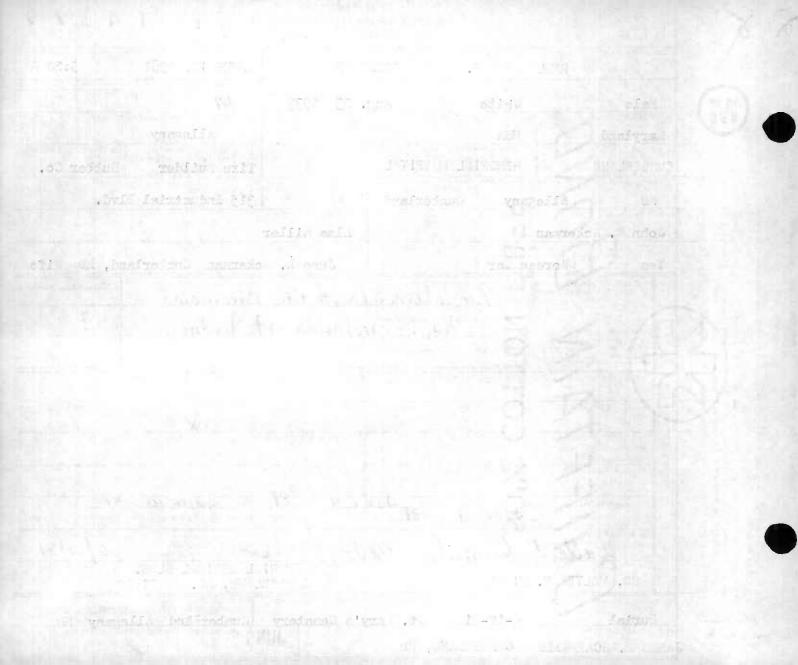
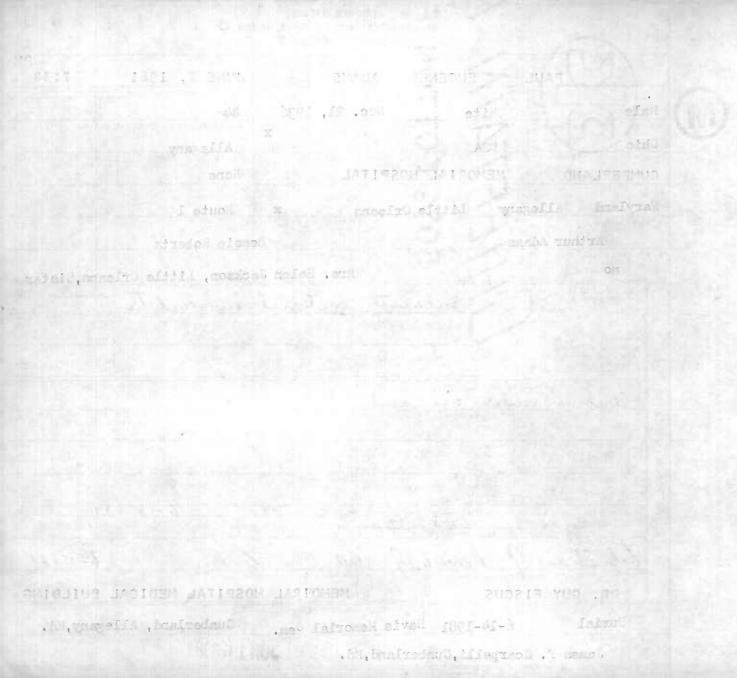
STATE OF MARYLAND

FOR



	1.	FOR STATE REGISTRAR		DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	IYGIENE 8	10.	4 3	8 0
£		CEASED NAME	FIRST	MIDDLE	LAST	2a. DATE OF DEATH	MONTH DAY	YEAR	2b. HOURP M
de o d	_		PAUL		ADAMS	JUNE 8,	1981		7:30 ,
-	3. SE	X		4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIR	RTHDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
WI)		ale		White	Dec. 21, 1936	44	YRS		
0	01	RTHPLACE (STATE OF COUNTRY)		76 CITIZEN OF WHAT COUNTRY USA	MARRIED NEVER MARRIED 3	BALTIMORE CITY C		F DEATH	Wi
50	С	UMBERLAN	ID	MEMORIAL H	OSPITAL	12g USUAL OCCUPAT (TYPE OF WORK FOR MOST ON NO.		12b. KIND O INDUSTRY	F BUSINESS OR
of some	130. S	AL RESIDENCE (IF NO STATE Aryland	13b. COUN	ITY 13c CITY OR TO	Orleans YES NO K	Route 1			
010			nur Ada		15. MOTHER'S MAIDEN I	Bessie Rober	ts	LAS	Т
medico		VAS DECEASED EVE YES, NO OR UNKNOWN) NO		MED FORCES? 16b. SOCIAL SEC		Jackson, Lit	200	eans S	Sister
e prior to buriol, cremation, cs any injury, or ather troumo	CERTIFICATION	C	mmediate ting the se lost. GNIFICANT C	who aceria		RMINAL DISEASE OR CON	20b. IF YES, V	VERE FINDIN	IGS USED
Hygien 18 show	ERTII	21g. ACCIDENT WAS U	NDERLYING [21b. TIME OF INJURY	121, HOW IN HIP OCC	YES NO	YES [NO 🗌
Hem	MEDICAL C	OR CONTRIBUTING [(IF EITHER NOTIFY ME	CAUSE OF DEA	HOUR A.M. MONTH (DAY YEAR	URRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	1 OR PART 2)	
rked or	ME	WHILE NOT AT WORK AT W	WHILE [21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE	PARM, ETC.) 21f. LOCATION STREET	CITY OR FC	NWN	COUNTY	STATE
n 21 is ma		saw the deced obove, (I) (we)	sed olive on,	ol) oftended the deceased from 1919	4-6, 19-8 7, and that in (my) (aur) apinio	on death occurred on the d	ote and hour a		that (I) (we) lost couses stated
State Dept		226. SIGNATURE	ians	J. Samera		MEDICAL STA	FF CIAN [6-1	1-81
MAPORTANT:			UY F	SCUS		HOSPITAL N	MEDICA	L BUI	LDING
		URIAL, CREMATION SPECIFY Burial	, REMOVAL		NAME OF CEMETERY OR CREMATOR Vis Memorial Cem.	Cumberla	ind, Ali	ounty Legany	, Md . STATE
1/81 4)	24 Ft	JNERAL DIRECTOR NAME Jame	es F. S	Scarpelli, Cumbe	rland, Md.	UN 1 6 1981	256 REGISTRA	R'S SIGNATI	JRE



DHMH-16 30M 2/80 (VRA 15, 4)

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		OR PRINT)	BEATR		æ.		YERS	Za DATE OF D	JUNE	24,	1981	2015P	>
	3. SEX	TUCKE	1	4 RACE	<u> </u>	5. DATE C		6. AGE (IN YEAR			DER I YEAR	IF UNDER 24 HRS	
1						MONT	H DAY YEAR			MONTH	HS DAYS	HOURS MIN.	•
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		underlying couse	e lost.	(c)		Javes	darkens.	cherosis			dra		
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1			OVERT		MELWRI	SHT	1111	EMORIAL		AL B	UILDI	ING	
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TO FUNERAL DIRECTOR After this certificate hos been

STATE OF MARYLAND FOR 1 - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

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WESTERNPORT, MD 21562

FOR

(VRA 15, 4)

BOAL'S FUNERAL

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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BOAL'S FUNERAL DOVE

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 20. DATE KNOWN 2b. HOUR 5 Bittinger (TYPE OR PRINT) Lula Ellen OF ESTI-61 PW. SEX 4. RACE . DAJE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR DATE (ASTBIRTHDAY) Female White 19 PRONOUNCED DEAD 70. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED FOREIGN COUNTRY U.S.A. Allegany Md WIDOWED T DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS OR INDUSTRY House Wife Frostburg SHOULD BE F Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Allegany 13a. STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 113e. STREET ADDRESS Frostburg Woodland Md NO X Rt. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST Broadwater Irvin Bertha Hare 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 16b. SOCIAL SECURITY NO (YES, NO. OR UNKNOWN) Rt.1 Frostburg. Md Lloyd Bittinger no 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) USED AS A BURIAL - TRANSIT PERMIT OF HEALTH AND MENTAL HYGIENE, I RIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST Coronary Occlusion Sudden IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which Sclerosis Coronary gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? PAGE 3 SHOULD BE USED TATE DEPARTMENT OF HE 21201 PRIOR TO BURIAL, YES [] NO X CATE, WRITING THE WOI FORWARDED TO THE C OR: PAGE 3 SHOULD BE 710 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 214. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE I BALLIMORE, MARYLAND, 21201 22a 1 certify that I took charge of the remains described above, held an Autopsy Inspection 3 Inquiry 5 and in my opinion Hamicide deoth resulted from: Natural causes Undetermined monner TITLE (SPECIFY) DATE Deputy MEDICAL EXAMINER EXAMINER'S NAME Benedict Skitarelic Cumberland. Frostburg 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 6/8/81 Memorial Park Burial BP 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR ASAG ATURE 24 FUNERAL DIRECTOR Eichhorn Funeral **DHMH-17** Lonaconing, (VR A15 ME (5)) 15M 2/80

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June 9.1981

Burial

SCÄRPELLI FUNERAL HOME

DHMH - 16 50M 1/81

(VRA 15, 4)

FOR

REGISTRAR

- STATE

STATE OF MARYLAND

CERTIFICATE OF DEATH

Davis Memorial Cem.

VIRGINIA AVE BERLAND, MD. 21502

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

25 HOUR

12b. KIND OF BUSINESS OR

Own Home

DATS

INDUSTRY

COUNTY

Cumberland, Allegany

22c. DATE SIGNED

STATE

STATE

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(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DHMH - 16 50M 1/81 (VRA 15, 4)

FOR

- STATE

1. 0	ECEASED NAME	FIRST		MIDDLE	L	.ST		REG 2a DATE OF DEATI	NO.	DAY YEAR	2b. HOUR
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15	COUNTY PAGE (STATE OR		CITIZEN OF	WHAT COUNTR	Y2 8	NEVER	MARRIED	9 BALTIMORE CIT			WE
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5 130	ual residence (# 4# . state Pa.	Somer		GIVE RESIDENCE BEF 13c. CITY OR TO Meyersd	NWC	13d INSIDE C	NO 🗌	13e STREET ADDRE Pine St			
5	FATHER'S NAME FIRST Simon	MID		Brocht		Ma	S MAIDEN NA/ FIRST LTY	Fran	ces	Mor	
3 160	(YES NO OR UNKNOWN) YES	(IF YES, GIVE W.		174-56		Margar		ht, Pine	St., Me	eyersda	le, Pa.
CERTIFICATION		mediate ng the e last NIFICANT CON	NDITIONS CO	R AS A CONSEG DIVERSIBLE FOR WHILE	O DEATH BUT			INAL DISEASE OR C	20b. IF YE	VEN IN PART 1:0	NGS USED
4	OR CONTRIBUTION C	CAUSE OF DEATH		M. MONTH	DAY YEAR	21c. HOW IN	NJURY OCCURE	YES NO	YE	ES 🗌	но 🗌
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	22a. I certify that (I sow the decease above, (I) (we) ((this hospital)	the	46 19	View .	d that in (my)	19 (our) opinion	to 6 - S	e date and hou	0 !	that (I) (we) las couses stated
	22b. SIGNATURE	ell,	/				ATTENDING PHYSICIAN		TAFF SICIAN 🗌	June	SIGNED 29-81
	JOSE VAL		· ·			911 S		IVE, CUMB	ERLAND,	MARYLA	ND 2150
230	BURIAL, CREMATION (SPECIFY) Buria			- 1 981	Highlar			23d LOCATION CITYORTOWN		COUNTY	t.Co. Pa

PRICE FUNERAL HOME MEYERSDALE, PA.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

SomersetCo. Pa.

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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		REGISTRAR		WED	DICAL EXAMIN	IER'S C	ERTIFICATE C	OF DEAT	H	REG. NO	0.			
ш.: 🕬		EASED NAME OR PRINT)	Marth		D.		Burkey		DATE K OF DEATH A	NOWN X	ж монтн Э б		YEAR 19 81	2b. HOUR
HOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY PEASE WED "FENDING" IN PENCIL IN ITEM 18. GIVE AGES 1, 2, AND 3TO THE EUNERAL DIRECTOR. THEN MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 FOR YOU'R EILES. USED AS A BURIAL TRANSIT PERMIT PAGES 1 AND 2 SHOULD BE FILED. WITHIN 72 HOURS OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS 201 W. PRESTON STREET NIAL, CREMATION, OR REMOVAL.	3 SEX		4 RACE	5. DATE OF BIRTH	6. AGE (IN Y		IDER 1 YR. IF UNDER		DATE		MONTH	DAY	YEAR	2d: HOUR
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0		umberla		The Me	emorial Hos	spital		FOR MOS	st of works usewi	NG LIFE)		Own	n Hom	ie
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0	14. FA	THER'S NAME	iam Augu	MIDDLE	LAST		15. MOTHER'S MAID		MID	DIE			LAST	
-		AS DECEASED	EVER IN U.S. AR	MED FORCES?	16b. SOCIAL SECURI	TY NO.	17. INFORMANT	Date !	VTIII2 (ADDRESS	5			
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ON, OR		couse (o) lying cou	stoting the <u>under</u> - se lost.	DUE TO, OR	AS A CONSEQUENCE	OF								
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; — ; —	CERTIFICATION	19a. DATE OF	OPERATION	196 CONDIT	ION FOR WHICH OPE	ration w	AS PERFORMED?						AUTOPSY?	
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3		UNDERLYING		HOUR XXX	MONTH DAY YEA	R -	ject inges						od	
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ATH, WITH RE, MARYL		ACTUAL SIGNATURE_	Wigins	a LON	an-	M	TITLE (SPECIFY) .D. Assistan	MEDIC/	AL EXAMI	NER	DATE	ED	6-15	-81
CHARYL MARYL			VAME VI	rginia L.	Dolan, M.[Assistan	III Pe	nn St		DATE SIGN	ED	6-15	5-81
BAUTIMORE, MARYLAND, 21201 PRIOR TO BURIAL,	23a. Bi	SIGNATURE_ EXAMINER'S I (TYPE OR PRIN	TON REMOVAL		23c. NAME OF CE	METERY O	ASSISTAN ADDRESS_ R CREMATORY rial Park	23d LOC	enn St	treet	Alle	UNITY	Mdsp	ATE
2	(5	EXAMINER'S INTERPRETATION OF PRINT INTERPRETATION OF P	NT) V I	236 DATE 6-18-1981	23c. NAME OF CE	METERY O	ASSISTAN ADDRESS_ R CREMATORY rial Park	23d LOC/ CITY OR Cum REC'D. BY RE	enn St	and,	Alle	UNITY Sany	, Mcd oc	ATE

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injury, or other traumatic event, the medical exami

	1.	FOR - STATE REGISTRAR	DEPART	MENT OF	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	14390
		ECEASED NAME FIRST E OR PRINT)	erne NMI Cavey		LAST	20 DATE OF DEATH MONTH 06/29/81	2b. HOUR 11:25p M
		Female	4 RACE White	5. DATE (OF BIRTH 1/14 YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. RS.
35	S	IRTHPLACE (SLATE OR FOREIGN COUNTRY) haft, Md	76 CITIZEN OF WHAT COUNTRY	MARRIE		9. BALTIMORE CITY OR COU	NTY OF DEATH MD.
/ Giftee	F	rostburg		HOSP	ital	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	126. KIND OF BUSINESS OR INDUSTRY RESTAURANT
35	13a. S	STATE 13b. CQ	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE UNITY 13t. CITY OR TOVE LONGE	VN .	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 105 Douglas A	venue
exdmin	100	John Davids	MIDDLE LAST		Florence Buc		LAST
medico	16a V	WAS DECEASED EVER IN U.S. I	ARMED FORCES? 166 SOCIAL SEC SIVE WAR OR DATES) 278-34-	URITY NO. 4515	Carolyn Rowe	ADDRESS e, Frostburg, M	d
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ormotic		4100 Canditians, if any, which	DUE TO, OR AS A CONSEOU	HOLE OF	moral dy	Paretin	about 10
or other traumatic		gave rise to immediate couse (a), stating the underlying cause lost	DUE TO, OR AS A CONSEOL		Arling The	mbosis	home
ony injury, o	CATION	PART 2 OTHER SIGNIFICANT COPO EMP	T CONDITIONS CONTRIBUTING TO	DEATH BUT	contracted in		L YES, WERE FINDINGS USED
Hem 18 shows	L CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E	21b. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	YES NO 1
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2 I IS mo		sow the deceased alive of	spital) ottended the deceased from an 6-29 198		nd that in (my) (our) opinion	to 6-29. death occurred on the date and	hour and from the couses stated
±		22b. SIGNATURE	Stondlin			MEDICAL STAFF DIRECTOR PHYSICIAN	226. DATE SIGNED
MPORTANT: #		Dr. Sandhir			22e ADDRESS Fros	stburg, Md 2153	32

24. FLINERAS DHMH - 16 50M 1/B1 (VRA 15, 4)

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W. MAIN FROSTBURG MEM

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Silcox-Merritt Funeral Service Cumberland, Md. Mill

FOR

24 FUNERAL DIRECTOR

DHMH-16 30M 2/80 (VRA 15, 4) - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ADDRESS 04 Decatur St. 250 DATE REC'D. BY REGISTRAR 256 DEISTRAR'S

History (1971) (1972) (1971) (

DR. RICHARD E. SCHIMILES 69 OREGNE ST., CIMBERLAND. HD 21502

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							Randa C.

10		FOR STATE REGISTRAR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.								3		
FT 88 FT		CEASED NAME E OR PRINT)	First	r E.	Collins		LAST		20. DATE K OF DEATH	NOWN ESTI-		DAY YEA		
A 3 RETAIN PAGE 5 FOR YOUR FILES. 2. AND 31 OTHE FUNERAL DIRECTOR. 4. 3. RETAIN PAGE 5 FOR YOUR FILES. 2. SHOULD BE FILED. WITHIN 72 HOURS. TAL RECORDS. 201 W. PRESTON STREET.	7a. B	ale	White	5. DATE OF BIRTH MONTH DAY Sept.11 7b. CITIZEN OF WH	1904 76	YRS.	THS DAYS HOURS		2c. DATE PRONOUNC DEAD 9. BALTIMO	J ur	MONTH 1e 6 R COUNTY	DAY YE	1 7a 30	
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DE PERE		umberlan	_	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 15 Browning Street OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION!				FOR MOST DE WORKING LIFE)			OF WORK 1	OR INDUSTRY Textile		
SHOULD SHOULD NI RECOR	13a. S	Md.	13b. COUN Alle	egany	13c CITY OR TOWN Cumberla	nd	13d. INSIDE CITY LIMIT YES 🚺 NO	□ 15	Brown		t.			
DIVISION OF VITAL				Collins	Collins 15. MOTHER'S MAIDEN NAME FIRST Florence Howsare					DDLE LAST				
	16a. V (Y	VAS DECEASED E ES, NO, OR UNKNOWN NO	VER IN U.S. AR	MED FORCES? WAR OR DATES)	217-10-5		Mrs. H	lattie	Colli	address ns, Ci	umberl	and,	Wife	
TRANSIT PERMI ENTAL HYGIENE, OR REMOVAL.		PARTIDEAT 436 Canditians, gave rise	IMMEDIA if any, which ta immediate ating the under-	TE CAUSE (a)	far (a), (b), and (c).) AS A CONSEQUENC AS A CONSEQUENC	E OF	rocephalu Stroke	ıs	n			BETWEEN OF	MATE INTERVAL NSET AND DEATH	
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	MEDICAL CE	UNDERLYING CONTRIBUTING 21d. INJURY OCC WHILE	OR CAUSE OF	DEATH P.M.	MONTH DAY YE 19 PFINJURY (ATHOME, ORY, FARM, ETC.)	AR	OCATION STREET	RRED LENTER	CITY OR TOW		ART I OR PART		STATE	
ATH, WITH THE RE, MARYLAND		death resulted ACTUAL SIGNATURE	fram: Natu Bene	ge of the remains descral causes X.	Retard	Suicide	Hamicide TITLE (SPECIFY Deputy	Under	Inquiry lermined man	nner,	DATE SIGNED.	6-6-1	.981	
TO FUNE AFTER DE BALTIMOI	23a.B	EXAMINER'S NA (TYPE OR PRINT) JRIAL, CREMATIC	N PEMOVALT		23c. NAME OF C	EMETERY (ADDRESS OR CREMATORY	[23d, LC	and, M					
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5 ME (5)) A 2/80				POTET,	oumber [a]	id, Mc	1.	1.	2" - 1.64" 1, 15-8 Tel	The sales		18		

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STATE OF MARYLAND

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERTIF	CATE OF DEATH	REG. NO.			
	CEASED NAME E OR PRINT)	FIRST	WIDI	DLE	L	NST .	20. DATE OF DEATH MO	TH DAY	YEAR	2b HOUR
		Joseph	- 110	9.0	DA	/IS	JUNE	21.	1981	11:40
3. SE		4. R	ACE		5 DATE O	F BIRTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDA	Y) IF I	UNDER I YEAR	IF UNDER 24 HI
	Male		White	9	Jun			YRS.	UATS DATS	2 42
₩e. BI	IRTHPLACE STATE OR			AT COUNTRY?	8 MARRIET	NEVER MARRIED	9 BALTIMORE CITY OR C	OUNTY O	DEATH	
		yland	USA		WIDOWE		ALLEGANY CO	UNTY		
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	umberland	1	SACE	ED HEAR	T HOSE	PITOL	N/A		N/A	
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14 FA	ATHER'S NAME	WIDDI	E	LAST		15 MOTHER'S MAIDEN NAM	ME MIDDLE	8.00	LAS	
		Unknow	m			Debra			Davis	
	WAS DECEASED EVER	IN U.S. ARMED		SOCIAL SECUR	RITY NO.	17 INFORMANT	ADDRES	4 Che	ster S	it.
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	18 CAUSE OF DEAT	H (Enter only on	e couse per line	for (o), (b), and	IC) 1	0			APPROXI	MATE INTERVAL
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z	PARI 2 OTHER SIG	nificant coni	DITIONS <u>CON</u>	RIBUTING TO D	EATH BUT I	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITI	ON GIVEN	IN PART 10)
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FIC					SI ENVITOR	THE TENTONINED	, IN	CERTIFYIN	G CAUSES	OF DEATH?
ERT	210. ACCIDENT WAS UN	DERLYING	216 TIME OF IN	LJURY		21r HOW IN ILIPY OCCUPE	YES NO DE	YES [NO 🔯
	OR CONTRIBUTING	CAUSE OF DEATH	HOUR A.M.			THE POST BOOK OCCORD	LED (ENTER MATURE OF INJURY IN	IIEM IS PARI	I OR PART 2)	
0	(IF EITHER NOTIFY MEDI		P.M.	NIIIPY	19	21f LOCATION				
0	121d INJURY OCCUR			FACTORY OFFICE, FA	RM ETC 1	STREET	CITY OR LOWN		COUNTY	STATE
MEDICAL	21d. INJURY OCCUR	HILE []	(AT HOME STREET.	Giringe, in						
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MEDI	WHILE NOT WIND ALL WO 220-1 certify that (1) saw the decease above, (1) (we)	HILE	ottended the d	eceased from		that in (m/) (our) opinion o	death accurred on the date of	19.	nd from the	couses stated
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DHMH - 16 50M 1/81 (VRA 15, 4)

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Miles Invest Table 1 - April 1 - Apr

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s. Pages le medical	Ióa V	VAS DECEASED EVER ES NO OR UNKNOWN) LES	IN U.S. ARM	MED FORCES? WAR OR DATES)	312-18	8 E TY 9 46	Mrs. Ramor	a Davis. C	umberla	nd. Md.	Wife
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	1-	FOR STATE REGISTRAR			DEPARTMENT O	FHEALTH			ATL	EG. NO.	3 9	9
E 88 E		CEASED NAM	AE FIRST	Maggie	Dolly		LAST		20. DATE KNOW OF EST DEATH MAT	1		75
	3. SE	male	White	5. DATE OF BIRTH MONTH DAY Jan. 2,	YEAR LAST BIRTI	YEARS IF UT		UNDER 24 HRS.	PRONOUNCED DEAD	June 1	DAY YE.	AR 24 HOUR
285	We	RTHPLACE (PREIGN COUNTRY) ST VIT	ginia	76. CITIZEN OF WI	HAT COUNTRY?	8. MARR WIDOV		IVORCED [9. BALTIMORE C	city or coun	TY OF DEATH	MD.
2	C	umberl	and	Sacred	PITAL, NURSING HOACELITY, GIVE STREET ADDRESS Heart Host	oital	DOA	FOR	SUAL OCCUPATION RMOST OF WORKING LI	IFE)	Own Ho	JSTRY
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2	1	ATHER'S NAM FIRST	Jacob	Arbogast	LAST		15. MOTHER'S FIRST	MAIDEN NAM	Helmick		LAST	
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ALT CREMATION, OR REMOVAL.		Candition gave	ans, if any, which ise to immediate a) stating the under	(b)	AS A CONSEQUENC	e of Coron	ry Occlu				Sudd	MATE INTERVAL NSET AND DEATH EN
REMATIO	NO	PART 2 OTNER :	IGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TE	RMINAL OISEAS	E DR CONDITION GIV	EN IN PART 1 (0)				
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3	CALCER	UNDERLYIN	AL CAUSE WAS G OR ING CAUSE OF	F DEATH P.M	MONTH DAY YE	AR 21c. H	OW INJURY OC	CURRED (ENTER	NATURE OF INJURY IN	ITEM 18 PART 1 OR P	ART 2)	
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AFIEK DEAIH, WITH THE STATE DEPARTMENT OF HIS BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL,		220 I cert death resul ACTUAL SIGNATURE EXAMINER'S	ted fram: Not	rge of the remains des wrol causes K, Skitarel Benedict	Accident ,	Suicide	Hamicide TITLE (SPEC	IFY)	Inquiry	and in my o	6_18	3-1981
BAI	(:		ATION, REMOVAL		23c. NAME OF C	EMETERY C	RCREMATORY	1224 1	OCATION YOR TOWN Old town	Allem	JNIY	STATE
- 17 AE (5))		UNERAL DIRE		Scarpelli,			25a.	DATE REC'D. B		. REGISTRAR'S	SIGNATURE	

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	1	FOR - STATE REGISTRAR	DE		ICATE OF DEATH	GIENE O REG. NO.	4 4 0 0
ge 3 eath		ECEASED NAME FIRST	Helen L. Dona		ASI	20. DATE OF DEATH MONTH	DAY YEAR 2b HOUR 6:30p
TOTAL	3. SE	× Female	4. RACE White	5. DATE 0	DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
324		IRIHPLACE ISTATE OR FOREIGN COUNTRY) rostburg, Md	76. CITIZEN OF WHAT COU	MARRIE	D NEVER MARRIED		
y the fun led within	10 C	TOS thur of DEATH	11. NAME OF HOSPITAL, I (IF NOT IN SUCH FACILITY, GN Frostburg (VE STREET ADDRESS)	OR OTHER INSTITUTION	Allegany 120 USUAL OCCUPATION (LYPE OF WORK FOR MOST OF WORKING TELEPHONE OPE	12b. KIND OF BUSINESS OR INDUSTRY P TELEP
24 haurs filled in b auld be fill	4USU 13a	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUR	R OTHER INSTITUTION GIVE RESIDENT	CE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS? YES X NO	13e. STREET ADDRESS 166 Bowery St	
mpletely and 2 sho	14 F	ohn Donahue		AST COULT	15 MOTHER'S MAIDEN NA		LAST
n and can Pages 1	160 \	WAS DECEASED EVER IN U.S. AF	VE WAR OR DATES)	10 0188	17 INFORMANT Carolyn F	Rowe, Frostburg,	THE PART I
rtificate k physicia inpapers emaval.		18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUSE IMMEDIA	nly ane cause per line far (a) ED BY: TE CAUSE (a)	wey & Pr	elunary a	1	APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH,
that the death ce I by the attending ease remove corb ad, cremation, or r		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A COM	terry - V		Peptie Wen	10 days
requires en signe ar to bura y injury, c	TION					ainal disease or condition c	SIVEN IN PART 110
The low cion. The low sit permit giene pringlene pringl	CERTIFICATION	05/31/81	Gerforate	d lest	Mecer	YES NOT IN CER	'ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
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ING PHY r attend After this as the b lith and A land and A land and A	MED	21d. INJURY OCCURRED WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY,		21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTEND aspirol o aspirol o der use of for use of the m 21 is m			of other declaration of the deceased of of other declarations of the declaration of the d	_19. 8 (. or		death accurred on the date and h	19
TAL OR by the ho SAL DIRE detache state Dep		the Sur	Wolls & Eur	111	DEGREE M.D. ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	06/0/81
O HOSPITAL efound by th TO FUNERAL should be dete with the State MAPORTANT:		Dr. M. Roths	tein		Frostburg, M		
BP	230	BURIAL, CREMATION, REMOVAL	6/11/81	ST. MIC	EMETERY OR CREMATORY CHABL'S CEM.		LLEGANY, MON.
DHMH - 16 50M 1/B1 (VRA 15, 4)	SO.	WERS FUNERAL		W. MAIN STBURG	ST. 25a DAT	te rec'd. by registrar 256, regi	STAR'S SIGNATURE

STATE OF MARYLAND

DHMH-16 50M 1/81 (VRA 15, 4)

- STATE REGISTRAR CEASED NAME FIRST CHA RLES	WESL			EALTH AND MENTAL HYG CATE OF DEATH	REG. NO			
CHA RLES			L	AST				
CHA RLES	WESI				Za. DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
V	MLJL	.EY	DU	CKWO RTH	JUNE 19,	1981		2:10
Male Male	4 RACE White		DATE O	F BIRTH 2/1895 YEAR	6 AGE (IN YEARS LAST BIR	MO	UNDER I YEAR	HOURS A
IRTHPLACE (STATE OR FOREIGN COUNTRY)		Λ .				R COUNTY C		
Cumberland	11. NAME OF HOSPI (IF NOT IN SUCH FACEL SACRED H	ITAL, NURSING ITY, GIVE STREET ADD	HOME O	R OTHER INSTITUTION	12a USUAL OCCUPATI	ON	12b. KIND C	OF BUSINESS
Md All€	NTY 13c C	ITY OR TOWN	. 1	13d. INSIDE CITY LIMITS? YES 🔼 NO 🗌	13e. STREEL ADDRESS Dpu	glas A	venu	e
ATHER'S NAME William	MIDDLE Due	ckwort!	h				Pric	S1 C
		OCIAL SECURIT	Y NO.	Price Duck			ing,	Md.
PART 2 OTHER SIGNIFICANT	conditions <u>contri</u>	BUTING TO DEA	ATH BUT I					
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tow the decear dislive on					to June	ote and hour a		that twe
22d PHYSICIAN'S NAME (TYPE C	Fred				MEDICAL STAP	F IAN []	6 · 1	9.8
	MILEC M	ID.		55 JACKSON	STREET. LON	ACONTN	G. MD.	21539
DR. LESLIE F	C. MILES, M	D		22 01 10110011	0114441) 401	" IOO OI TELL	, , , ,	
CINC	Md ITY OR TOWN OF DEATH Cumberland AL RESIDENCE (IF NURSING HOME OF STATE 13b. COUNTY Alle ATHER'S NAME FIRST William WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) 18 CAUSE OF DEATH (Enter or PART 1. DEATH WAS CAUSE IMMEDIA' Conditions, if ony, which gove rise to immediate couse (o), stating the underlymg couse lost PART 2 OTHER SIGNIFICANT (IF YES, OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER AL WORK NOT WHILE AL WORK AL WORK DISTRIBUTION COUNTY CO	ITY OR TOWN OF DEATH ITY OR TOWN OF DEATH CUMBERIAND ALRESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESTATE ITY MAY ALLEGARY ATHER'S NAME FIRST WILLIAM PART I. DEATH IEnter only one couse per line for PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) DUE TO, OR AS A DU	ITY OR TOWN OF DEATH ITY OR TOWN ITY OR TOWN ATHERS NAME FIRST MIDDLE ILAST ITY OR TOWN ATHERS NAME FIRST WAS DECEASED EVER IN U.S. ARMED FORCES? VES. NOOR JUNKNOWN) ITY YES, GIVE WAR OR DATES) ITY OR AS A CONSEQUENT ITY OR CONTRIBUTING OF CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) ITY OR OR OR INJURY ITY OR OR OR INJURY ITY OR OR INJURY ITY OR OR OR INJURY ITY OR	MARRIED ITY OR TOWN OF DEATH ITY OR TOWN OF STREET ADDRESS) SACRED HEART HOSPITAL SACRED HEART HOSPITAL ITY OR TOWN ITY OR TOWN ITY OR TOWN ITY OR TOWN OR TOWN ITY OR TOWN ITY OR TOWN OF DEATH ITY OR TOWN OF SERVING HEART HOSPITAL ITY OR TOWN OF DEATH ITY OR TOWN OF SERVING HEART HOSPITAL ITY OR TOWN OF DEATH ITY OR TOWN OF SERVING HEART HOSPITAL ITY OR TOWN OF SERVING HEART HOSPITAL ITY OR TOWN OF DEATH ITY OR TOWN OF SERVING HEART HOSPITAL ITY OR TOWN ON TOWN OF SERVING HEART HOSPITAL ITY OR TOWN	Md U.S.A. MARRIED MARRIED DIVORCED ITY OR TOWN OF DEATH 111. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION SECOND SUCH SACRITY, GIVE SIRRES ADMISSION STATE STATE STATE STATE STATE STATE STATE AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) STATE STAT	MARRIED NEVER MARRIED ALEGANY ITY OR TOWN OF DEATH ITH. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IT ON SUCH ACITY, ONE STEEL ADDRESS) SACRED HEART HOSPITAL AL RESIDENCE IN NURSING-FOME OR OTHER RISTITUTION SACRED HEART HOSPITAL AL RESIDENCE IN NURSING-FOME OR OTHER RISTITUTION MIDDE MODE WEST OF MARKET AND RESIDENCE OF THE WARD OR AS A CONSEQUENCE OF THE WARD OR AS A CONSEQUENCE OF THE WARD OR AS A CONSEQUENCE OF CONSTITUTE OF MARKET AND RESIDENCE OF THE WARD OR AS A CONSEQUENCE OF IN DE TO, OR AS A CONSEQUENCE OF INDE TO AND A CONSEQUENCE OF THE WARD OR OTHER RISTITUTION IN DETTO, OR AS A CONSEQUENCE OF THE WARD OF T	Md U.S.A. WIDDED DIVORCED ALLEGANY COUNTY ITY OR TOWN OF DEATH ITH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION SECRED HEART HOSPITAL AL RESIDENCE (IF NURSPANDE POME OR OTHER INSTITUTION) ALLEGANY COUNTY IT IS USUAL OCCUPATION (IF STATE AND INSTITUTION) IT IS USUAL OCCUPATION (IF TES OFTEN IN U.S. ARMED FORCES? IS MOTHER'S MADIEN NAME BIS STREEL ADDRESS NO DECRASSED EVER IN U.S. ARMED FORCES? IS MOTHER'S MADIEN NAME BIS STREEL ADDRESS NO DECRASSED EVER IN U.S. ARMED FORCES? IS MOTHER'S MADIEN NAME BIS STREEL ADDRESS NO DECRASSED EVER IN U.S. ARMED FORCES? IS MOTHER'S MADIEN NAME BIS STREET ADDRESS NO DECRASSED EVER IN U.S. ARMED FORCES? IS MOTHER'S MADIEN NAME ADDRESS PRICE DUCKWORTH ALLEGANY COUNTY IT IN INTO IN MICE MODIE IS STREET ADDRESS NO DECRASSED EVER IN U.S. ARMED FORCES? IS MOTHER'S MADIEN NAME ALLEGANY COUNTY OF THE MODE OF	RITHPLACE COUNTRY MARRIED NEVER MARRIED NARRIED NARRIED

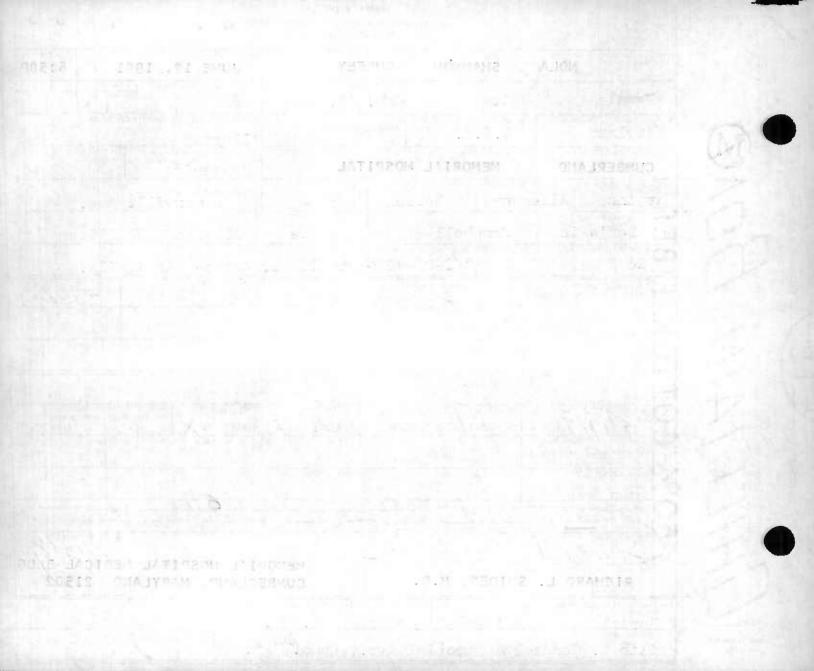
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DISTON OF VITAL RECORDS, VOL W. PRESTON ST., BALLIMORE, MARTIAND STROT	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page 4 may be retained by the haspital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.	IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be mortified at any
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		FOR STATE REGISTRAR				MENT OF H	E OF MARYLAND TEALTH AND MENTAL HYG TICATE OF DEATH	REG. N		4 4	0 2
		CEASED NAME	FIRST		MIDDLE	D.1	AST	20. DATE OF DEATH			26 HOUR
	3. SE)		VILDA	V .	IRGINIA	5 DATE O	IRBIN	JUNE 11,		F UNDER I YEAR	2:28
A	Fe	emale		White			1, 1, 1904 YEAR	77	YRS	ONIHS DAYS	HOURS M
3	Wes	RTHPLACE ISTATE OR FOUNTRY	OREIGN 76	CITIZEN OF USA	WHAT COUNTRY?	MARRIE WIDOWI	D NEVER MARRIED	9 BALTIMORE CITY O		OF DEATH	13/6
50		Y OR TOWN OF DEA JMBERLANI		(IF NOT IN SUC	HOSPITAL, NURSIN THE FACILITY, GIVE STREET A DRIAL HO	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Housewife	ON OF WORKING LIFE)	INDUSTRY	OF BUSINESS
35	13a. S Ma	L RESIDENCE (IF NURS TATE LTYLAND	136 COUNTY	Υ	GIVE RESIDENCE BEFORE 13t. CITY OR TOWN Cumberla:	N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 39 East	Elder		
11	14. FA	THER'S NAME FIRST Perry	Clem	DDLE	LAST		15. MOTHER'S MAIDEN NAM	unknown		LA	Sī
1		AS DECEASED EVER	IN U.S. ARM		166 SOCIAL SECUI	RITY NO.	17 INFORMANT	ADDRE			
		no					Mr. Revis T	. Durbin, C	umberl		Id . So
9	CERTIFICATION	gove rise to imm couse 101, statin underlying couse PART 2 OTHER SIGN 190. DATE OF OPERAT	g the lost.	(c) NDITIONS <u>C</u>	ONTRIBUTING TO D	S C V	NOT RELATED TO THE TERMI	200 AUTOPSY?	20b. IF YES,	WERE FINDI	177
9		210. ACCIDENT WAS UND	AUSE OF DEATH		M. MONTH DA		21c. HOW INJURY OCCURR				NO []
1	MEDICAL	(IF EITHER, NOTIFY MEDIC 21d. INJURY OCCURR WHILE NOT WH AT WORL AT WOR	RED	P. 21e PLACE (AT HOME STE		19 ARM ETC)	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STAT
		sow the decease above, (Jwe) (d 22b. SIGNATURE				8/	19 87 Ind that in (my) our) opinion of DEGREE ATTENDING PHYSICIAN (6)	, to	ote and hour	ond from the	that (i) (we couses state SIGNED
			00	2000	- 7-0			J DIRECTOR ITITISIC	IAN []		
1		22d. PHYSICIAN'S NA		Y BOLI	LINO, JR		955 FREDER			RLANI	D, MD

1981 1981 .			107 118			
		3, 100	-not-	White		of mach
	estra i			ABJ	1	intil the
e Lone	Namuol III		AT 1920H L	A180'3'	700	AJP38HU3
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noa . Ks Lanfredum)	(× i)	alwii .z				on
dir Jurasasmo	rs xries	(1207) 730		CUT LIOSE Y	OTOH THA	.ng
Tund, allowing, but	endinal simpos	Lature 2	Milone	1801-11-	3	[market]
N. T. C.		14.51.	Surfaceland,	cermolit,	. Carr	36

STATE OF MARYLAND



	REGISTRAR CEASED NAME PE OR PRINT)	FIRST		ICAL EXAMINER'S	LAST	20. DATE KNOWN OF ESTI-	MONTH	DAY YEAR 26. HOU
		Earlin		J.		DEATH MATED		21 19 81
3. SE		MC	ATE OF BIRTH	YEAR LAST BIRTHDAY) MON	THS DAYS HOURS	24 HRS. 2c. DATE PRONOUNCED DEAD	MONTH 6	7 19 81 2d HOU 7:45
7a. B	IRTHPLACE (STATE OF		ITIZEN OF WHA		RIED NEVER MARRIE	9. BALTIMORE CITY	OR COUNTY	OF DEATH
	ITY OR TOWN OF DI	5.71	U.S.A.	WIDO	WED DIVORCE	b ∐ Allega	ny Coun	
0	anville	No	not in such facil orth bra	ITAL, NURSING HOME, OR OTI LITY, GIVE STREET ADDRESS) INCh of the Pot	-	12d. USUAL OCCUPATION (FOR MOST OF WORKING (IFE) Student	TYPE OF WORK 128	b. KIND OF BUSINESS OR INDUSTRY
13a. S	AL RESIDENCE (IF IN PARTIES W. Va.	Number of the country Minera		RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN Keyser	134 INSIDE CITY LIMITS? YES X NO	13e. STREET ADDRESS 675 Armstro	ng St.	
14. F	ATHER'S NAME FIRST Earlin	J.		verett, Sr.	15. MOTHER'S MAIDE	N NAME MIDDLE	Shillir	LAST ngburg
16a. \	WAS DECEASED EVE	R IN U.S. ARMED F	ORCES?	166. SOCIAL SECURITY NO.	17 INFORMANT		Mistrong	
,	No	(# 165, GIVE WAR O		236 11 0911	Earlin J.	Everett, Sr.	Keyser	, W. Va.
7	Conditions, if gave rise to cause (o) stotii lying couse las	o immediate ng the <u>under</u> st.	(c)	S A CONSEQUENCE OF	SE OR CONDITION GIVEN IN PAR	T 1 (a).		
FICATION	190. DATE OF OPER	RATION	196 CONDITIO	DN FOR WHICH OPERATION V	VAS PERFORMED?			20 AUTOPSY?
CAL CERTIFICATION	21a EXTERNAL ÇA	USE WAS	21b. TIME OF II HOUR A.M.	NJURY 21c. H	IOW INJURY OCCURRED	center nature of injury in item	18 PART I OR PART 2	YES 🖾 NO 🗆
MEDICAL CERTIFICATION	210 EXTERNAL CA UNDERLYING CONTRIBUTING CONTRIBUTING COUNTRIBUTING COUNTRIBUTING COUNTRIBUTING COUNTRIBUTION NO.	USE WAS OR CAUSE OF DEATH	21b. TIME OF II HOUR A.M.	NJURY YEAR 21c. H	IOW INJURY OCCURRED	found in Wate	18 PART I OR PART 2	YES KI NO [
MEDICAL CERTIFICATION	216 EXTERNAL CA UNDERLYING CONTRIBUTING CONTRIBUTING CONTRIBUTING COU WHILE NO AT WORK AT	USE WAS OR CAUSE OF DEATH RRED OT WHILE WORK	21b. TIME OF II HOUR A.M. P.M. 21e PLACE OF STREET ACTO	NJURY YEAR 21c. H	ow NJURY OCCURRED ubject was ocationNorth B sirest otomac Rive	found in Wate Panch of r Alleg Inquiry Undetermined manner	18 PART I OR PART 2	YES NO NO STATE
MEDICAL CERTIFICATION	21a EXTERNAL CAUNDERLYING CONTRIBUTING CONTRIBUTING 11d. INJURY OCCU WHILE NO AT WORK AT Caunder of the death resulted from ACTUAL	USE WAS OR CAUSE OF DEATH RRED DT WHILE WORK It I took charge af toom: Notural can	21b. TIME OF II HOUR A.M. P.M. 21e PLACE OF STREET FACTOR	NJURY MONTH DAY YEAR 5/21/19 01 S INJURY (AT HOME. 211 LC P ibed abave, held an Auton	owinjury occurred by the post of the post	found in Wate Panch of r Alleg Inquiry Undetermined manner	ancy Counting on the interpretation of the my opinion of the signed.	YES NO D

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1	FOR STATE							CERTIFICAT		ATU	1	9 4	4 0	1
1.	REGIS		FIRST			DDLE DDLE	HIVER 3	LAST	E OF DE	20. DATE KNO	REG. NO.	ONTH DAY	y YEAR	IZE HOUR
	(TYPE OR PRI	NT)	EDN		G.	RACE		GROSS		OF ES DEATH MA	TI-	6 5	1981	12:3
3.	SEX	4. R	ACE	5. DATE OF		6. AGE	IN YEARS IF L	INDER 1 YR. IF U	NDER 24 HRS	20 DATE PRONOUNCED		ONTH DA		2d. HOUR
_	Femal		hite	May	26 1	920 6	L YRS.	THS DAYS HOU	RS MIN	DEAD	1 7 13	6 5	19 81	PM
7.	FOREIGN C		OR	1000		COUNTRY?		RIED E NEVERA		9 BALTIMORE	CITY OR CO			
10	Per	ma TOWN OF E	DEATH.		S.A.	AL NURSING H		WED DIN	VORCED 120 US	SUAL OCCUPATION	ON CTYPE OF V	Alle	AND OF BU	MD.
		rland		(IF NOT IN	SUCH FACILIT	Street			FOI	R MOST OF WORKING	LIFE)	(	OR INDUSTR	RY
Ü	SUAL RESI			OR OTHER INSTITUT	TION, GIVE RE	SIDENCE BEFORE AD		had more consum		Imployee			louse	<u></u>
	o STATE	and	Alle	gany	1;	Cumber.		13d. INSIDE CITY LIM YES X NO		REET ADDRESS	reet			
	I. FATHER	SNAME		MIDDLE		LAST		15. MOTHER'S A	MAIDEN NAM	MIDDLE		Ubje-	LAST	
		laude				Troutm		Sic	dna				Kenne	11
16	(YES, NO, 0	DR UNKNOWN)	ER IN U.S. AR.	MED FORCES' WAR OR DATES)		6b. SOCIAL SEC		17. INFORMANT			DDRES 1	lumei	Stre	et
_	No					214-34-		John A	. Gross	3	Cum		and Md	
	18. C	AUSE OF DE	ATH (Enter on I WAS CAUSE	ly ane cause p D BY:	per line for	(a), (b), and (c)		NARY OCCI	HATON			BE	UDDEN	T AND DEATH
	14	100		TE CAUSE (a).  DUE T		A CONSEQUE						8-17		
2			if any, which					CODON A DAY	<b>COLEDO</b>	NOT THE				
			ta immediate			A CONICEOUEN		CORONARY	SCLERC	213				
1		ying cause le				A CONSEQUEN	ICE OF							
١	PART 2	OTHER SIGNIFI	CANT CONDITIONS	CONTRIBUTING TO		NOT RELATED TO THE	TERMINAL DISE	ASE OR CONDITION GIVE	N IN PART 1 a					
	210 E													
	Y 190 D	ATE OF OP	ERATION	19b. C	ONDITION	FOR WHICH	OPERATION	WAS PERFORMED?	?			20	. AUTOPSY?	,
Ì	<u></u>	V	ALICENIAC	411 71			100						YES 🗌	NOT
		XTERNAL C	OR		IME OF IN	JURY ONTH DAY	YEAR 21c.	HOW INJURY OCC	URRED (ENTE	R NATURE OF INJURY IF	I ITEM 18 PART	1 OR PART 2)		
	CON	tributing (	CAUSE OF		P,M.	1 IIII		OCATION						
	WHIL	E NORK A		STRE	LACE OF 1 EET, FACTORY		AE, 211. L	OCATION STREET		CITY OR TOWN		COUNTY		STATE
	AT W	ORK A	r work											
1	27	la I certify th			_	ed abave, held	an Auto	apsy . Insp	pection X,	Inquiry X	, and in	my apiniar	i	
	deo	th resulted f	ram: Natu	ral causes 2	Ac Ac	cident ,	Suicide	, Hamicide	Unde	etermined manne	. <u>Ц</u> ,			
1		141	12	,	Xo.	-	1	TITLE (SPECI	FY)					
	ACTU	IATURE_	Dene	dectx	JR.	larel	w	M.D. Deputy	ME	DICAL EXAMINE	٠ :	DATE SIGNED	June	5,198
21	-	LINIEBIC NIA	45					- 1 (B-						
	(TYPE	OR PRINT)	BEN	EDICT	SKITA	RELIC,	M.D.	_ADDRESSC	UMBERI	AND, MD				
2:	3a. BURIAL,	CREMATIO	N,REMOVAL	23b. DATE		23c. NAME O	F CEMETERY	OR CREMATORY	23d. 1	OCATION Y OR TOWN		countr	- 51	ATE
1		Burial		June 8/	/1981	Pleas	ant Gr	ove Ceme	tery C	umberlan	LALL	gany	Mary]	and
2		L DIRECTO		=	ADDRESS			ur St Fi		Y REGISTRAR 7	REGISTRA	Aces	TUREA	9
		x-Mer	ritt Fr			ice Cum			ON	1301	/	3	1	A
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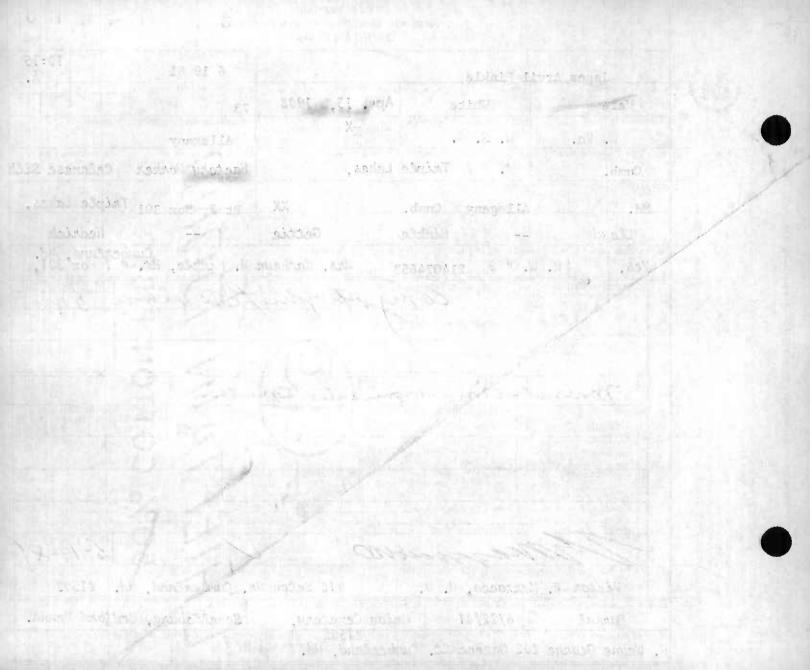
STATE OF MARYLAND

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		FOR STATE			DEPART	STA MENT OF		ARYLAN I AND ME		GIENE			1	4	4 (	9	
M - 6		REGISTRAR		ME	DICAL	EXAMIN	ER'S C	ERTIFIC	CATEO	DEATI	н '	REG.	NO.				
		EASED NAME OR PRINT)	FIRST		MIDDLE			LAST		2a.	DATE K	NOWN	X MC	нтис	DAY YE	AR 2b. H	OUR
			Carl		L.			usrat	h		DEATH .	MATED	□ 6	/16	5/81	1:20	M C
	3. SEX	Tale	White	5. DATE OF BIRTH	906	6. AGE (IN YE. LAST BIRTHD. 75 YE	AY) MONTI	DER I YR.	HOURS 2	4 HRS. 2c.	DATE ONOUNG DEAD	CED	6/1	6/8	B1 19		OUR P M
36	7a BII	RTHPLACE (S' REIGN COUNTRY)	ate or Md	76. CITIZEN OF WI	HAT COUN	ITRY?	8 MARR	ED A NEV	ER MARRIE			DRE CIT	Y OR CO	YTAUC	OF DEATI		
2	10 CI	Cumbe		11. NAME OF HOS	PITAL, NU	TREET ADDRESS)		ER INSTITUT		120 USUAL FOR MOS' Ret:	OCCUP	ATION (	TYPE OF W	ORK 121	kind oi or indi orkei		SS.
5	USUA 13a. S1	RESIDENCE ATE Md	(IF IN NURSING HOME OF ALL	egany	13c. CITY		ON)	13d. INSIDE CIT	TY LIMITS?	13e. STREET							
0		THER'S NAME FIRST GEOT	ge	WIDDLE	Haus			Mar	R'S MAIDEN			ise	2		wa1b		
1	16a. W	S, NO, OR UNKNO		WAR OR DATES)		IAL SECURIT	Y NO.	Carl	Hau	sratl	h	Lon		nir	ng, I	Md.	
		PART I DE	ATH WAS CAUSED	E CAUSE (o)	ulmo	nary 1		lism							BETWEEN	MATE INTERV	EATH
SEIAL CREMATION, OR REMOVAL.	7	gave ris	os, if ony, which ie to immediate	(b) F:	racti	are o	f Le	ft Hi	.p				d		24 I	Hour	S
5		lying cau		(c)		SEOUENCE (											
	NOI			CONTRIBUTING TO DEATH	out hot rela racti	are of	inal diseasi f Le	or condition ft Hi	GIVEN IN PART	1 (0)							
2	CERTIFICATION	19a. DATE OF				WHICH OPER	ATION W	AS PERFORM	AED?						20 AUTO		
3			CAUSE WAS	DEATH 216. TIMEOF	MONTH	6/15	/81		occurred .l in							-	
3	MEDICAL	WHILE AT WORK	NOT WHILE C	21e PLACE (	OF INJURY HOME	(AT HOME,	211. LO	cation treet Onaco	ning	9	März	ÿlar	nd	COUNT	IY	ST	ATE
		22a. I certi	,	e of the remains des		47	Autap	sy 🔲 ,	Inspection de,	Undeterm	,/		ond in r	пу оріпі	ion		
		ACTUAL SIGNATURE	Bened	wit Ski	tar	lie	м	TITLE (SP	PECIFY)	MEDICA	LEXAMI	NER	D	ATE GNED_	6,	/16/	81
BALTIMORE, MARYLAND, 21/201 PRIOR TO BURIAL,				dict Sk				ADDRESS	Rt #				and,	Ma	aryla	and	
8	(5)	Bur		6/19/8	23c. M	NAME OF CEA	AETERY O	ark		Fro				A.		Mď	
)		chhor	n Funer	al Hôme	Lo	nacon	ing,		5a. DATE RE	1 9 10	GISTRAR 181	25h, RE	GISTRA	R'S SIG	NATURE	7	
									and the second		- 7	WARKER COS	Mary Co	the art and	O-/- 41		

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	1	FOR STATE REGISTRAR		DEPARTM	AENT OF HEA	OF MARYLAND ALTH AND MENTAL HY ATE OF DEATH	GIENE 8	0.	4 4	I Û
m £		CEASED NAME FIRST	vil Hinkle	DOLE	LAS		20 DATE OF DEATH 6 19 81		YEAR	2 1 10 1 1 5
	3. SE		4 RACE Whi:	te	S. DATE OF	13, DAY 1908	6. AGE (IN YEARS LAST BI	YRS.	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
	7a. B	IRTHPLACE (STATE OR FOREIGN COUNTRY) W. Va.	16 CITIZEN OF WI		8. MARRIED WIDOWED	NEVER MARRIED DIVORCED	9. BALTIMORE CITY O	R COUNTY O	FDEATH	WC
O Carifred	10. 0	Cumb.		SPITAL, NURSING		OTHER INSTITUTION	12a. USUAL OCCUPAT (120 of Work for MOST Factory, Wo	ION		BUSINESS OR SIL
Francis be rifed	13a	Md.		VE RESIDENCE BEFORE  3c. CITY OR TOWN  Cumb.	N 11	3d. INSIDE CITY LIMITS? YES NO XX	13e. STREET ADDRESS Rt 7 Bos	301 T	riple	Lakes,
Comming 10	14. F	ATHER'S NAME Lloyd	MIDDLE	Hinkle		Gettie	AME		Hedr	ick
medical	}6a.	WAS DECEASED EVER IN U.S.	S, GIVE WAR OR DATES!	86. SOCIAL SECUI 21407465		7. INFORMANT Wrs. Kathry	n M. Hinkle,	Rt. #	erland 7 Box	301;
prior to burial, cremation, or ony injury, or other traumatic	CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICA Machine 19a DATE OF OPERATION	DUE TO, OR A  (c)  NT CONDITIONS CON  WINTER	, chr	ONE :	OT RELATED TO THE TER Taling asp WAS PERFORMED	MINAL DISEASE OR CON	20b. IF YES, V	VERE FINDIN	IGS USED
8 shows	CERTIFI	21a ACCIDENT WAS UNDERLYING				TE HOW INJURY OCCU	YES NOW	YES		NO []
ked or Item 1	MEDICAL	OR CONTRIBUTING CAUSE O  (IF EITHER NOTIFY MEDICAL EXAM  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	AINER) P.M. 21e. PLACE OF		19	TI LOCATION STREET	CITY OR TO		COUNTY	STATE
m 21 is mai		22a. I certify that (I) (this h saw the deceased alive abave, (I) (we) (did) (di				, 19, 19	n death occurred on the d	, 19 ate and hour a		
with the State Dep	7	22d. PHYSICIAN'S NAME (T	YPE OR PRINT) Mazzocco,	M D	no	ATTENDING PHYSICIAN 72e. ADDRESS	G DIRECTOR PHYSIC	IAN []	6-1	9-8/
M M	23a	BURIAL, CREMATION, REMO		23c N		METERY OR CREMATORY				
30M 2/80 15, 4)	_	UNERAL DIRECTOR			2	1502   25a. D/	ATE REC'D. BY REGISTRAR 2 4 1981			



1.7	REGISTRAR	AF FIRST		MEDICAL	EXAMIN	ER'S CEI		OF DEA	20. DATE KNOW	G. NO. MONTH	H DAY YEAR
	TYPE OR PRINT)	Asbury		F.	нос	PENGA		731	OF ESTI- DEATH MATE		5/ 1981
-	Male	4.RACE White	5. DATE OF MONTH 9/3/	BIRTH DAY 1910	LAST BIRTHD	ARS IF UNDER	DAYS HOURS		2c. DATE PRONOUNCED DEAD	6/5/	DAY YEAR / 1981
5 70.	BIRTHPLACE FOREIGN COUNTRY	(STATE OR	76. CITIZEN	OF WHAT COU!	NTRY?	8. MARRIED WIDOWED	NEVER MA	RRIED	9 BALTIMOREC Allegai	_	
1	umberl		(IF NOT IN	of HOSPITAL, NU SUCH FACILITY, GIVE rial HO	STREET ADDRESS)		INSTITUTION	12a USU FOR	JAL OCCUPATION MOST OF WORKING LIFE LITEd	(TYPE OF WORK	velder
	UAL RESIDENC . STATE MD .	E (IF IN NURSING HOME 13b COUR All	or other institu vty egany	13c. CIT	Y OR TOWN	13d	. INSIDE CITY LIMITS	130. STR			
16 14	FATHER'S NAM	AE	MIDDLE		LAST	15.	MOTHER'S MA	IDEN NAME	WIDDLE	Heller	LAST
-	Frank			oopenga	rdner	V NO 17	Lottie	2		r Hook	pengard
100	YES, NO, OR UNK	SED EVER IN U.S. AF	E WAR OR DATES)	610	14-66	43		Hoone	engardne		ne as
		OF DEATH (Enter o	nly one couse i			το μ1	axille	пооре	siigaraik	or ban	APPROXIMA
NOTA O	PARTIC	DEATH WAS CAUSE	ED BY:	() -	nome	5/5.	Gene	m/17	ed		BETWEEN ONS
1	1/2	29 IMMEDIA	ATE CAUSE (o)	TO, OR AS A CO							
		ions, if ony, which		Bron	coae	nic	Caro	ino	ma		IVE
		rise to immediate (a) stating the under		TO, OR AS A CO			Carc	1110	, , , ,		1
	lying c	ouse lost.	(6)								
	PART 2 OTHER	SIGNIFICANT CONDITION	S CONTRIBUTING T	O OE ATN BUT NOT REL	ATED TO THE TERM	IINAL DISEASE OR	CONDITION GIVEN I	N PART I (a).			
2	5										
5	190. DATE C	OF OPERATION	19b. C	CONDITION FOR	WHICH OPER	ATION WAS	PERFORMED?				20. AUTOPSY
4.											YES 🔲
MOLES CERTIFICATION	21a. EXTERN	NAL CAUSE WAS		IME OF INJURY UR A.M. MONTH	H DAY YEA	21c. HOW	INJURY OCCU	RRED (ENTER	NATURE OF INJURY IN I	TEM 18 PART 1 OR	PART 2)
3	CONTRIBU	TING CAUSE OF		P.M.	19						
AED.	21d. INJURY	OCCURRED NOT WHILE	STR	PLACE OF INJUR'		21f. LOCA			CITY OR TOWN		COUNTY
11	AT WORK	NOT WHILE								· ·	
		rtify that I took char	rge of the remo	oins described ob	ove, held on	Autopsy	, Inspe	ction .	Inquiry .	ond in my	opinion
	deoth resu	lted from: Not	ural couses	Z; Accident	, su	ricide .	Homicide _	. Unde	termined monner	<u> </u>	
		R	1	1-11-	-	11	TITLE (SPECIFY	')		Ps 4.70	= / /-
	SIGNATUR	EDen	edies	XKU	arel	e/M.D.	Depu	ty_MED	OICAL EXAMINER	DAT	NED (D)
1	EXAMINER (TYPE OR P	'S NAME RINT)	? Cu	mberl	and I	4D_AD	DRESS				
		ATIONIDEMOVAL	23h DATE	122.	NAME OF CE	METERY OR C	REMATORY	[23d. LC	OCATION		
23	BURIAL, CREN	ATION, KEMOVAL	230. DATE	1				CITY	ORTOWN		YTHUC
	(SPECIFY)	Buria		1		alley		Buc	k Valle		
	SPECIFY)	Buria		1		alley		Buc Buc	k Valle		

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and withing from		ingelie 15c	C.Amelelius	instra
and softling of soft		ingelie 15c		dustra
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	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE 8	4414
9 6	1. DECEASED NAME FIRST (TYPE OR PRINT) MARGAE	RET B.	KELLER	JUNE 3, 1981	12:15A M
offer d	3. SEX Female	4. RACE White	5. DATE OF BIRTH  MONTH April 28, 1906	6. AGE   IN YEARS LAST BIRTHDAY)  75  YRS.	FUNDER I YEAR IF UNDER 24 HRS
on 72 haur	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Georgia	76 CITIZEN OF WHAT COUNTRY		9. BALTIMORE CITY OR COUNTY Allegany	OF DEATH
by the fu	10 CITY OR TOWN OF DEATH  CUMBERLAND	(IF NOT IN SUCH FACILITY, GIVE STREE MEMORIAL HOSP		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIE  Housewife	12b. KIND OF BUSINESS OR INDUSTRY  Own Home
completely filled in by the funeral disc 1 and 2 should be filled within 72 hau olegominer must be parified at once.	USUAL RESIDENCE   IF NURSING HOME O 130. STATE 13b. COU Maryland All	ROTHER INSTITUTION, GIVE RESIDENCE BEFORM NTY  egany  Cumber	WN 13d INSIDE CITY LIMITS?	13e. STREET ADDRESS 1425 Dagwood Co	ourt, White Oak
ompletely ond 2 sh		s F. James	Carrie 1	Dorn	LAST
S. Pages 1	160. WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? NE WAR OR DATES) 166 SOCIAL SEC. 213-24-		et B. Keller, Da	ughter  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
os been signed by the ottending permit. Then pleose remove carbor ne prior to buriol, cremotion, or ret ws ony injury, or other troumatic ex	Conditions, if any, which gove rise to immediate cause to), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	Olahundun.		Idu. a fless se	Decey.  S, WERE FINDINGS USED YING CAUSES OF DEATH?
s certificate ourial-transit Mentol Hygie ir Item 18 sho	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED		DAY YEAR  19  211. LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18 P	ART 1 OR PART 2)
VERAL DIRECTOR: After this be detached for use as the be State Dept. of Health and I ANT: If them 21 is marked a	220.1 certify that (I) (this hasp	oital) attended the deceased from 192 at view the body after death.	, ond that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN (	deoth accurred on the date and hau  MEDICAL STAFF DHRECTOR PHYSICIAN	TOUNTY STATE  198 that (1) (we) lost r and from the causes stated  22c. DATE SIGNED  G. 3 8
should be def with the State	DR. WILLIAM I			RLAND, MD. 21	502
16 30M 2/80 RA 15, 4)	(SPECIFY) Burial 24 FUNERAL DIRECTOR NAMJames F. S	6-5-1981 F		TE REC'D. BY REGISTRAR 256 GIST	Allegany Md  RAR'S RONATURE

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(VRA 15, 4)

REGISTRAR

19h N. CENTRE ST LAST GREENE KENNEY TOWSON MARYLAND 2120 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH phanonic PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated 22r. DATE SIGNED 924 SETON DRIVE, CUMBERLAND, MD CUMBERLAND ALLEGANY MARYLAND 6-26-1981 ST.PATRICK'S CEMETERY 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE LEASURE-STEIN FUNERAL HOME 230 BALTIMORE AVE.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

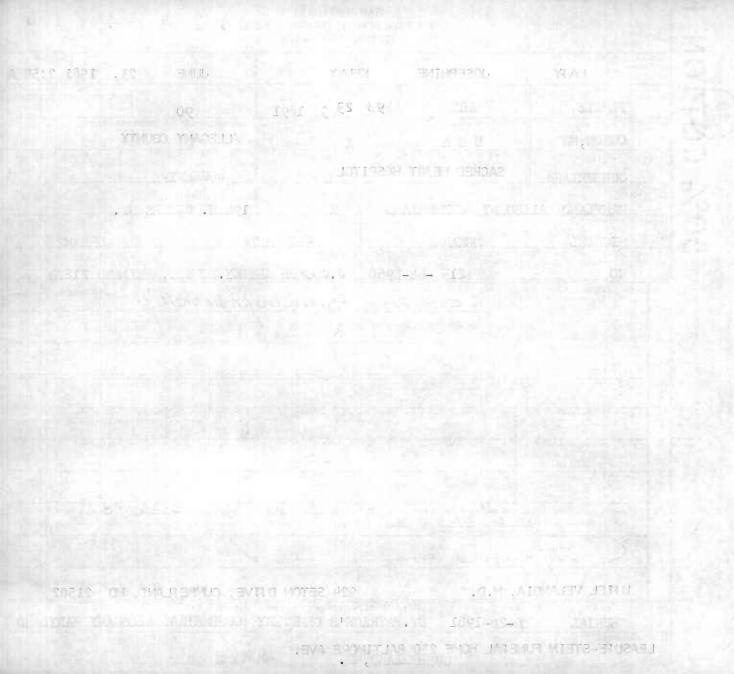
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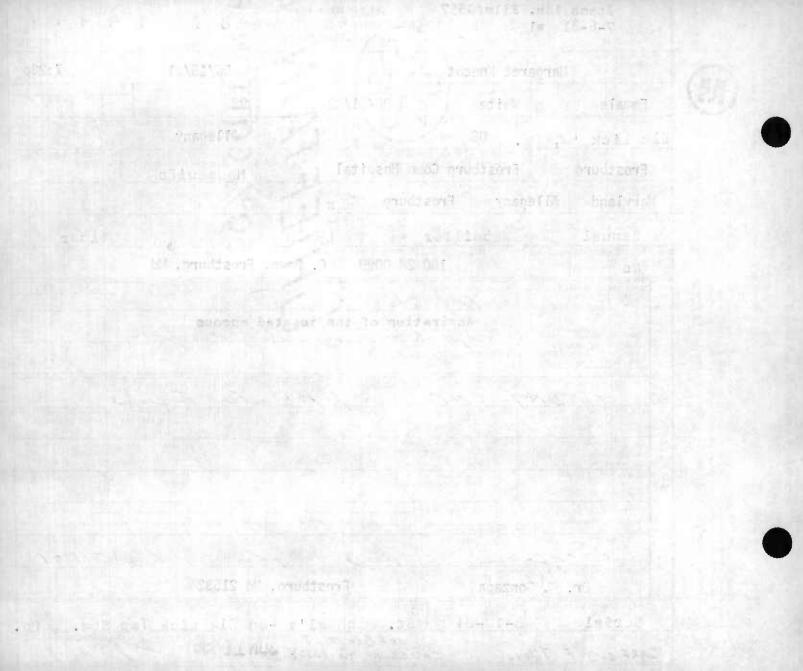
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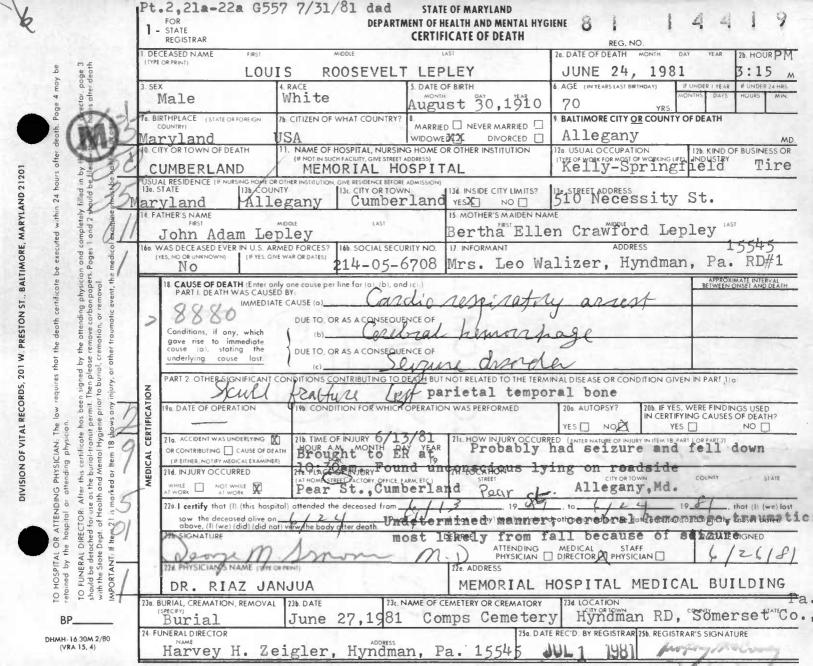
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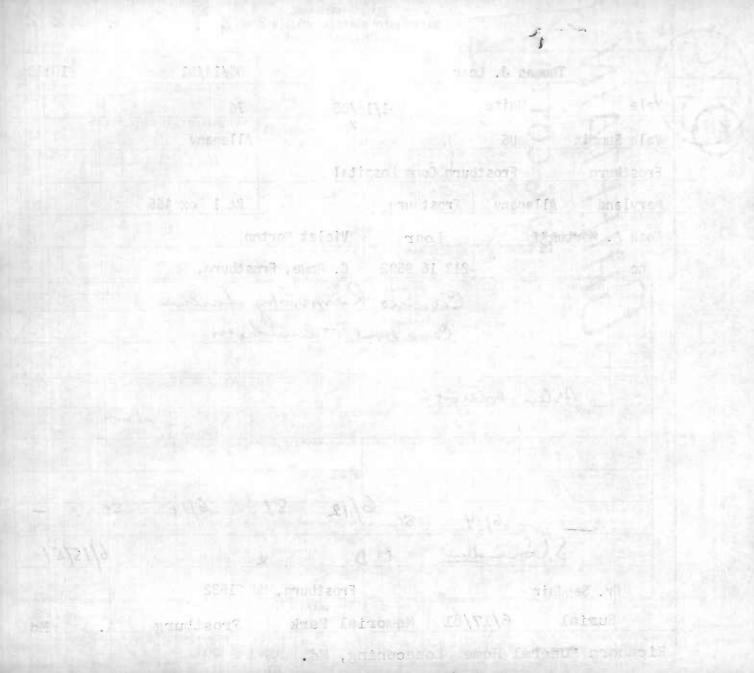
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51			REGISTRAR	F FIRST	ME	MIDDLE	EXAMIN	EK 3 CI	AST		REG. NO		DAY YEAR 26	HOUR
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	PLEASI FCTOR FIRES HOURE	3. SEX		4. RACE	5. DATE OF BIRTH	W T TITI	16. AGE (IN YE		DER 1 YR. IF UNDER		_	MONTH	6-81 3:	OOA I HOUR
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21201	IF ANY DELA 2. AND 3 TO 3. RETAIN PA SHOULD BE F	13a. S		13b. COUN	or other institution, giv NTY EGANY	13c. CITY	OR TOWN  KHART		YES NO	RT. 3.	BOX 2	0, F	ROSTBUR	G.
WD.	OLCE PRINT		ABR AH		MIDDLE	LE	ŴĬS		15. MOTHER'S MAIDI MARTHA	ENNAME	WIDDIE	W	ILLISON	
AORI	~ / 04 _	160. V	VAS DECEASE	DEVER IN U.S. AR	MED FORCES?		CIAL SECURIT		17. INFORMANT		ADDRESS	FROS	TBURG	
BALTIMORE,	A > TO S		YES	WW	I	213	-03-5	+86	MRS. MAI	RTHA HO	STETLE	R,RT	. 3, BC	
	IB. GI B. WITI NIT. PAC E, DIVIE		18. CAUSE C	OF DEATH (Enter or EATH WAS CAUSE	nly one couse per line D BY:	for (o), (b	), ond (c).)	T - 1	D				APPROXIMATE INT	D DEATH
SNO	N 24 HOUNT IEM 18. ALONG VIT PERMIT. IYGIENE, D		88	80 IMMEDIA	TE CAUSE (o)	AS A COR	SEQUENCE (		bar Pneu	monia,	bilate	LSI	24 Hrs	
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×.	UTED WITHIN 24 HO N PENCIL IN ITEM 11 EXAMINER ALONG STAL-TRANSIT PERMIT N MENTAL HYGIENE, OR REMOVAL.		couse (o	ise to immediate ) stating the <u>under</u>		AS A CON	SEQUENCE (		V CO HILD	IIacuu	I.e.		o days	_
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST.,	ECUTED WITHIN 5" IN PENCIL IN AL EXAMINER A BURIAL-TRANSIT AND MENTAL HY NO. OR REMOVAL		lying co	use last.	(c)									
08,3	"PENDING" IN EF MEDICAL SED AS A BURI HEALTH AND CREMATION, C		PART 2 OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELA	ATED TO THE TERM	INAL DISEASE	OR CONDITION GIVEN IN PA	RT 1 (a),		0		
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0	THE WEN	MEDICAL CERTIFICATION	UNDERLYING	AL CAUSE WAS		-MONTH	DAY YEAR		W INJURY OCCURRE				2)	
NOIS	SHEIG THOUS SHOULD PART	NCA.	CONTRIBUTI	ING CAUSE OF	DEATH 7 P.M.	6-1	16 198	21f. LOC	Fell in	yard a	t home			_
DIVE	RE. THIS CERTIFICATE SHE NIE, WRITING THE WORD ORWARDED TO THE CH R. PAGE 3 SHOULD BE E. STATE DEPARMENT OF 21201 PRIOR TO BURAL	ME	WHITE -		STREET, FACT	ORY, FARM, E	TC.)		Eckhart,	Alfeg	any, M	laryl	änd	STATE
	ATE, TORW		22a. I cert	ify that I taak char	ge of the remoins des	cribed abo	ove, held an	AXON	Inspectio	in <b>X</b> Inquir	y x one	d in my opin	ion	
	AND THE STATE OF T		death result	ted from: Notu	oral couses ,	Accident	II, Su	icide .	Homicide	Undetermined	monner .			
	EXA CERT JID DIRE WIT		ACTUAL	17	1 -10	7	./		TITLE (SPECIFY)			DATE		
	RAIL SHOULD SHOULD ATH,		SIGNATURE	X lene	liel SKI	lack	elia	M.[	Deputy	MEDICAL EXA	AMINER	SIGNED	6-16-8	1_
	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTMORE, MARYLAND, 213	end"	EXAMINER'S (TYPE OR PRI	NAME Bel	nedict S	kita	relic	. M.I	Pieress R#9	Cumberl	and. M	arvl	and	
	TO ME EXECU PAGE TO FU AFTER BALTIM		URIAL, CREMA	TION, REMOVAL			NAME OF CEA			23d. LOCATION CITY OR TOWN		COUNT		
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE REGISTRAR			EALTH AND MENTAL HYG	REG. NO.	4423
1. DECEASED NAME FIRST (TYPE OR PRINT) ETHEL	MARIE	LONG	AST	JUNE 24, 1981	DAY YEAR 2b HOUR 9:35P
3. SEX Female	4 RACE White	5. DATE O	DF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) 74 YR	IF UNDER 1 YEAR IF UNDER 24 HRS.
70. BIRTHPLACE (STATE OR FOREIGN Maryland	76. CITIZEN OF WHAT CO	OUNTRY? 8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR COUN	NTY OF DEATH
10. CITY OR TOWN OF DEATH  Cumberland	SACRED HEAT			120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN HOUS EWISE,	126 KIND OF BUSINESS OR
	time to the same of the same o	bettand,	13d INSIDE CITY LIMITS? YES NO 🛣	130 STREET ADDRESS 12521 N. Cres	Green, ap St. Bowling
14. FATHER'S NAME Arthur		arple	15. MOTHER'S MAIDEN NA/ Eleanor	MIDDLE -	Hopkins
160 WAS DECEASED EVER IN U.S. AR		-07-2252	Mrs. Sharon	L. King, 11616	Poplar St. Cumb.
PART 2 OTHER SIGNIFICANT OF SIGNIFIC	DUE TO, OR AS A CONTRIBU	TING TO DEATH BUT	NOT RELATED TO THE TERM N WAS PERFORMED	IN CER	GIVEN IN PART 110°  YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK 22a I certify that (I) (this hasp) sow the decased alive on abave, (I) (we) (did) (did no 22b. SIGNATURE	P. M. 21e PLACE OF INJUR (AT HOME STREET, FACTO	NTH DAY YEAR  19 RY RY, OFFICE FARM, ETC.)  ed from  19 or	21f IOCATION STREET  3, 19 ad that in (my) (aur) opinion of DEGREE	YES NOW NEED (ENTER NATURE OF INJURY IN ITEM CITY OR TOWN, to death accurred an the date and it	COUNTY STATE
22d PHYSICIAN'S NAME (TYPE OF	D.	, M	ATTENDING PHYSICIAN 220 ADDRESS 907 SETON DI	DIRECTOR   PHYSICIAN	MD. 21502
230 BURIAL, CREMATION, REMOVAL (SPECIFY)  Burial  24 FUNERAL DIRECTOR II	6/27/81	Hillore	EMETERY OR CREMATORY  2st Burial Par	23d LOCATION LK, Cumberland,	Allegany Maryland
24 FUNERAL DIRECTOR H. Wal GEORGE FUNERAL H	OME; 202 GRE	ENE ST.,	OUMBERLAND, N	EREC'D. BY REGISTRAR 25b. REG	ISTRAK'S SIGNATURE

BP DHMH - 16 50M 1/81 (VRA 15, 4)

should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

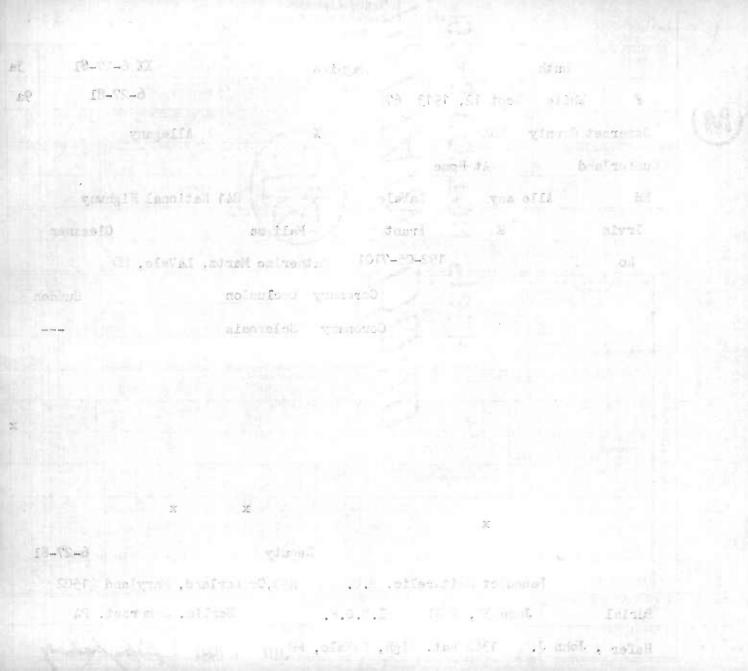
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injury, or other traumotic event, the medical exam

IMPORTANT: If Item 21 is marked or Item 18 shows ony

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO I. DECEASED NAME KNOWN [ (TYPE OR PRINT) OF ESTI-DEATH MATED XX 6-27-81. Ruth 3a Y, PLEASE IRECTOR. UR FILES. 12 HOURS N STREET, R Maguire 6. AGE (IN YEARS | IF UNDER 1 YR. 2d. HOUR 4. RACE 5. DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 9a White Sept 12, 1913 67 YRS DEAD TO BIRTHPLACE (STATE OR Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED Somerset County TISA Allegany DIVORCED DURS AFTER DEATH. IF ANY DELAY IS NE 18. GIVE PAGES 1, 2, AND 3 TO THE HI 5. WITH FORM PM 3. RETAIN PAGE MIT. PAGES 1 AND 2 SHOULD BE FILED E. DIVISION QEVITAL RECORDS, 201 ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) Cumber land USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Allegany 841 National Highway DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 13d INSIDE CITY LIMITS? 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Irvin Brant Malissa Glessner 16h SOCIAL SECURITY NO 7. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) 192-05-7101 Catherine Martz, LaVale, MD CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) APPROXIMATE INTERVAL HIEF MEDICAL EXAMINER ALONG W USED AS A BURIAL-TRANSIT PERMIT OF HEALTH AND MENTAL HYGIENE, D RIAL, CREMATION, OR REMOVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Coronary Occlusion Sudden DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which Sclerosis Coronary gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO CERTIFICATION ICATE, WRITING THE WORD "PER E FORWARDED TO THE CHIEF M TAOR: PAGE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEA AND, 21201 PRIQR TO BURIAL, C 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES [] NO T 21n EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH THE PLACE OF INJURY (AT HOME 21f. LOCATION 21d INJURY OCCURRED AT WORK NOT WHILE TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE 22a. I certify that I took charge of the remains described above, held an Autopsy Undetermined manner Natural causes TITLE (SPECIFY) Deputy 6-27-81 MEDICAL EXAMINER EXAMINER'S NAME Benedict Skitarelic, M.D. ADDRESS R#9, Cumberland, Maryland 21502 TYPE OR PRINT 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE STATE Berlin, Somerset, PA Burial June 30, 1981 I.O.O.F. BP 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH - 17 Hafer, John J. 1302 Nat. High, Lavale, ND (VR A15 ME (5) 15M 2/80



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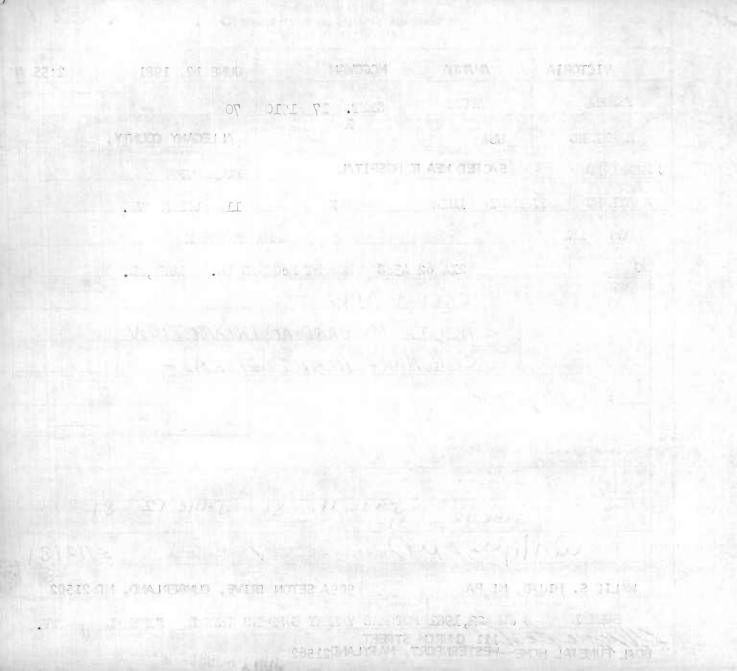
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MPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical Assam

1 -	FOR - STATE REGISTRAR		DEPAR	RTMENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8	REG. NO.	14	127
	CEASED NAME FIRST		MIDDLE	l	AST	20. DATE OF	DEATH MONTH	DAY YEAR	P 2b. HOUR
	VICTORIA	AM	ANDA	MCG	NAWO	JUNE	12, 198	1	2:55 AM
3. SE	X	4 RACE		5. DATE C			EARS LAST BIRTHDAY)	IF UNDER 1 YE	
	FEMALE	WH	ITE	SEF		70	Y	MONTHS DA	HOURS MIN.
70 B	RTHPLACE (STATE OR FOREIGN COUNTRY)  MARYL AND	76. CITIZEN OF	WHAT COUNTR	V2 0	NEVER MARRIED	9 BALTIMO	RECITY OR COU	INTY OF DEATH	
	ITY OR TOWN OF DEATH	LIF NICE WATER	HOSPITAL, NURS	SING HOME C	OR OTHER INSTITUTION	120 USUAL C	OCCUPATION CFOR MOST OF WORK!	12b KIN	D OF BUSINESS OR
130	AL RESIDENCE (IF NURSING HOM STATE 136 CC MARYLAND A	E OR OTHER INSTITUTION	GIVE RESIDENCE BEF	ORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET A	ADDRESS		
	ATHER'S NAME	LIMONIVI	LUKE		YES NO 15. MOTHER'S MAIDEN N		MULLAN A	AVE.	
	ROSS RALLEY	WIDDLE	LAST		FIRST		MIDDLE		LAST
16n V	VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SE	CLIPITY NO	EMM 17 INFORMANT	A BRAND	ADDRESS		
(		GIVE WAR OR DATES)	214 62		ROBERT MeGO	WAN SR.	LUKE.		
CERTIFICATION	18 CAUSE OF DEATH IE THE PART I. DEATH WAS CAU IMMED  Conditions, if ony, which gove rise to immediate couse 10.1, stating the underlying couse lost  PART 2. OTHER SIGNIFICANT EMPLOYEE TO PERATION	DUE TO, O  DUE TO, O  (b)  DUE TO, O  (c)  RT CONDITIONS CO	R AS A CONSEG AC UT R AS A CONSEC CO RUI DOUTRIBUTING TO	DUENCE OF MY DUENCE OF VARY ODEATH BUT	RREST OCARDIAL HEART NOT RELATED TO THE TERM	DISE MINAL DISEASE	RCT10 ASE ORCONDITION IPSY2   1206. III	APPI BETWE	IDINGS USED
CE	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF			DAY YEAR	21c. HOW INJURY OCCUP	RED (ENTERNAT	URE OF INJURY IN ITEM	A 18 PART I OR PART	2)
CAL	(IF EITHER NOTIFY MEDICAL EXAM	DEATH		19					
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY	E FARM ETC )	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
	220. I certify that (1) (thus be sow the deceased alive above, (1) (we) (did) (did) 22b. SIGNATURE 22d. PHYSICIAN'S NAME (1) WALID S. HIG	on Jane not) view the body PE OR PRINT)	ofter deoth.	81.00	d that in (my) (a) opinion DEGREE  ATTENDING PHYSICIAN  22e ADDRESS  909A SETON	MEDICAL DIRECTOR [	STAFF PHYSICIAN	22c. DA	TE SIGNED
23a E	SURIAL, CREMATION, REMOV			. NAME OF CE	METERY OR CREMATORY	23d. LOCA	TION		
	BURIAL	JUNEO	3,1981 H	POTOMAC	VALLEY GARDI		SER MT	NERAL	WV.
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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requires that the death certificate be executed within 24 hours after death. Page

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directhould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours with the State Dept. of Health and Mental Hygene prior to burial, cremotion, or removal.

FOR 1 - STATE REGISTRAR		DEPARTMENT CE	STATE OF MARYLAND OF HEALTH AND MENTA RTIFICATE OF DEATH	1	REG. NO.	4 4	30
I. DECEASED NAME (TYPE OR PRINT)  BEUI		-	AILLER		B, 1981	DAY YEAR	25 HOUR 2:00
Female	4. RACE White	5. 0	ATE OF BIRTH  ***********************************	6. AGE (IN YEAR	RS LAST BIRTHDAY}	IF UNDER 1 YEAR	
78. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WH	M	ARRIED NEVER MARRIE	ALLEGA	ANY COUN		
Cumberland		PITAL, NURSING HI	OME OR OTHER INSTITUTION	(TYPE OF WORK F	CUPATION OR MOST OF WORKIN	G LIFE) INDUSTRY	OF BUSINESS O
W.Va. H	OUNTY 130	RESIDENCE BEFORE ADMI CITY OR TOWN Baker	13d. INSIDE CITY LIM	Gen	Del.		
14 FATHER'S NAME FIRST Joba		ilkind	15. MOTHER'S MAID NOTE			Allison	ST
160 WAS DECEASED EVER IN U.S.		35-30-05	17. INFORMANT	Aller, Ba	ker, W	.Va.	
18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA		for (a), (b), and (c).	FAILURE			BETWEEN	KIMATE INTERVAL LONSET AND DEATH
	DUE TO, OR AS	S A CONSEQUENCE	H BUT NOT RELATED TO TH			GIVEN IN PART 1	
19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	196 CONDITIO	n for which ope	RATION WAS PERFORMED	20a AUTOP		YES, WERE FINDI RTIFYING CAUSE: YES []	
OR CONTRIBUTING CAUSE O	HOUR A.M. MINER) P.M.	MONTH DAY	YEAR 19	OCCURRED (ENTER NATU	re of injury in item	18 PART 1 OR PART 2)	
AT WORK		FACTORY, OFFICE, FARM E			CITY OR TOWN	COUNTY	STATE
22a.1 certify that (I) (this h sow the deceased alive	ospital) ottended the d		0 -91 . 19_		- 8 - 8	7. 19	
220 SIGNATURE		8 death.	, and that in (my) (our) o	pinion death occurred	on the date and		that (I) (we) lose couses stated
	e on 6 - 8 -		DEGREE ATTEND PHYSIC  22e ADDRESS	DING MEDICAL	STAFF PHYSICIAN	22c. DATE	E SIGNED

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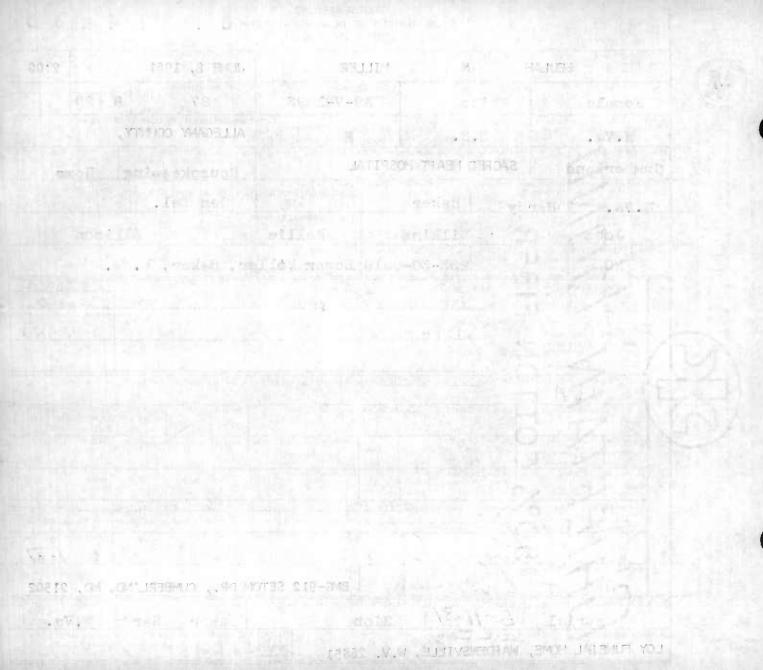
DHMH-16 30M 2/80 (VRA 15, 4)

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or attending physicial

> WARDENSVILLE, LOY FUNERAL HOME, W.V. 26851

Baker COUNTY Hard . Va. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO I. DECEASED NAME KNOWN [ (TYPE OR PRINT) DEATH MATED XXX5-28 Matthew Joseph Morrissey LAST BIRTHDAY) IF UNDER 24 HRS 2d HOUR DATE PRONOUNCED 1974 Male White Aug. 3A May DEAD To BIRTHPLACE (STATE OR Th. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY USA Maryland Allegany WIDOWED [ DIVORCED O CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12b KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Cumberland School Student 722 Leiper Street USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. STATE Allegany 134 INSIDE CITY LIMITS? 722 Leiper Street MD 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST Cynthia Crites Michael Morrissey 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT AN SOCIAL SECURITY NO (YES, NO. OR UNKNOWN) Kenneth Morrissey Cumberland, MD 18 CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).) BETWEEN ONSET AND DEATH Asphyxiation Minutes DUE TO, OR AS A CONSEQUENCE OF USED AS A BURIAL - TRANSIT OF HEALTH AND MENTAL HYC Conditions, if ony, which Carbon Monoxide Poisoning gove rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. Conflagration of Dwelling PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 19g DATE OF OPERATION EXECUTE THE CERTIFICATE, WRITING THE WORD, "PR PAGE 4 SHOULD BE FORWARDED TO THE CHIEF N TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED. AFIER DEATH, WITH THE STATE DEPARTMENT OF HE BANTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, ( 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING POR 5-28 Conflagration of Home CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY 21L LOCATION STREET, FACTORY, FARM, ETC.) 518722 Leiper St. Cumberland, Allegiate WHILE D NOT WHILE X home Md. 220. I certify that I took charge of the remains described above, held an Autopsy and in my apinian death resulted fram. Notural causes TITLE (SPECIFY) DATE SIGNED 5-28-81 Deputy MEDICAL EXAMINER Cumberland, MD EXAMINER'S NAME Benedict Skitarelic . M.D. 23a BURIAL, CREMATION, REMOVAL 23b DATE 23d. LOCATION Allegany Burial Cumberland 5-30-81 Davis Memorial Cem. BP 250. DATE REC'D. BY REGISTRAR 256 PER STRAFTS SALVATORE 24 FUNERAL DIRECTOR **DHMH-17** JUL 6 1981 CUMBERLAND. (VR A15 ME (5)) JAMES F. SCARPELLT 15M 2/80

resultation done to North Rose Later Leader trains the constant Allowing Combandard Donaless Street Lemeth Lorringer Supper and, all X . More To Control of the Control o Bonniect Strangiste, J. J. Surper and to Strange Market Sector and the Sector S the content of the state of the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) Michael K. Morrissey 2A DEATH MATED 4. RACE 3 SEX 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY! PRONOUNCED DEAD MAY 1.81 3A White 6 Male Feb. TO BIRTHPLACE (STATE OF Th CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Allegany Maryland

II. CITY OR TOWN OF DEATH WIDOWED DIVORCED 126 USUAL OCCUPATION (TYPE OF WORK 1126, KIND OF BUSINESS NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Cumberland 722 Leiper Street Mechanic City 13d INSIDE CITY LIMITS? 722 Leiper Street Allegany Cumberland YES A 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST LAST Va Ruth Beck Kenneth W. Morrissev 16h SOCIAL SECURITY NO (YES. NO, OR UNKNOWN) Kenneth W. Morrissey Cumberland. Md 1969-1970 215 56 9091 BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY Asphyxiation IMMEDIATE CAUSE (a) AND AS A BURIAL TRANSIT PROPERTY OF HEALTH AND MENTAL DUE TO, OR AS A CONSEQUENCE OF Carbon Monoxide Poisoning Canditions, if ony, which Conflagration of Dwelling gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to WRITING THE WORD "PENDIR ARDED TO THE CHIEF MEDIC AGE 3 SHOULD BE USED AS A ATE DEPARTMENT OF HEALTH 190. DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YE XIX NO 1 210. EXTERNAL CAUSE WAS 21b TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 OR UNDERLYING House Fire CONTRIBUTING CAUSE OF DEATH 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY STREET, FACTORY, FARM, ETC.) 722 Leiper St, Cumberland, Walleg. WHILE AT WORK execute the certificate, writ page 4 should be forward **to funeral director:** page after death, with the state ( Home 220 I certify that I taak charge of the remains described above, held an Deputy DATE 5-28-81 MEDICAL EXAMINER EXAMINER'S NAME Benedict Skitarelic, M.D. Cumberland, MD (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 23b. DATE Cumberland 5-30-81 Davis Memorial Cem. Allegany Burial 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 GISTRAR'S SIGNATURE JAMES F. SCARPELLI **DHMH-17** (VR A15 ME (5)) CUMBERLAND 15M 2/80

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN MONTH (TYPE OR PRINT) Elizabeth DEATH MATED Jun. 14,81 Marv Nave 4. RACE AGE (IN YEARS DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED a. Sept. 14. 1892
The CITIZEN OF WHAT COUNTRY? DEAD Female White 88YRS 70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED TO DIVORCED Allegany MD 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Housewife Own Home Cumberland Memorial Hospital USUAL RESIDENCE LIE IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONAL 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13a. STATE 136 COUNTY 13e. STREET ADDRESS Allegany Cumbe rland NO -923 Bedford St. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST OF WIT Daehler Twigg Charles Elizabeth Mary 169. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 7. INFORMANT (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES 220-16-7166 Carl H. Nave Cumberland APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Carcinoma of the Colon with Perforation DUE TO, OR AS A CONSEQUENCE OF A BURIAL-TRANSIT Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) CERTIFICATION Peritonitis due to carcinoma rupture

196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 190 DATE OF OPERATION 2D AUTOPSY? DEPARTMENT OF june 13, 1981 carcinoma of colon YES W BE 710 EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED : ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION 21d INJURY OCCURRED EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DI BALTIMORE, MARYLAND, 21201 PRI STREET, FACTORY, FARM, ETC.) CITY OF TOWN COUNTY STATE WHILE AT WORK Inspection 3 22a. I certify that I took charge of the remains described above, held on Autopsy ond in my opinion Notural causes Homicide Undetermined monner Deputy Jun14, 1981 EXAMINER'S NAME BENDICT SKITARELIC M. D. ADDRESS RT # 9 CUMBERLAND 230 BURIAL, CREMATION REMOVAL 236 DATE 23d, LOCATION Cumberland Allegany MD Jun 17, 1981 RoseHill Mauso 100 Marie Rec'd. By Registrar 256. REGISTRAR'S SIGNATURE BP Entombment 24. FUNERAL DIRECTOR **DHMH - 17** Cumberland, MD William G. Kight (VR A15 ME (5)) 15M 7/76

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	MEDICAL	21d. INJURY C			OF INJURY (AT HOME, ORY, FARM, ETC.)		CATION	CITY OR TOWN	cc	DUNTY	STATE
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		death results		rol couses		Suicide	Homicide	Undetermined monn		35.00	
	7	00011703011	0		3:	,	TITLE (SPECIFY)				
	5	ACTUAL SIGNATURE	Dene	dict A	etarely	1_ N	Deputy	MEDICAL EXAMIN	ER DATE	Jun.4	,1981
71											
4		EXAMINER'S (TYPE OR PRII	NAME BENE	DICT SKI	TARELIC.	M.D	ADDRESS RT	\$ 9, Cumb	erland,	MD 21	502
2	3a. BL	JRIAL, CREMA	TION, REMOVAL	3b. DATE	23c. NAME OF C	EMETERY C	R CREMATORY	23d. LOCATION CITY OR TOWN	600	INTE II	i Are
		Buria		Jun. 8, 19	81 Sts.	Pete	r&PaulCem	Cumberl	and All	egany !	MD
	24. FL	INERAL DIREC	TOR	aht ADDRESS	berland,	MD	250. DATE	REC'D. BY-REGISTRAR	money	1. Otherstand	
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	SEX <b>Fe</b>		ite	5. DATE OF BIRTH MONTH DAY  July 31.	YEAR	AGE (IN YE	ARS IF UN		IF UNDER 2		DATE NOUNCED DEAD	6-30-	-81	12:	2d. HO
7	FOR	RTHPLACE (STATE OF STEEL OF STATE OF ST	R	76 CITIZEN OF WE			R		VER MARRIEI DIVORCEI		ALTIMORE	Alleg		DEATH	
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5 13	3a. S1	aryland	13b. COUN		13c. CITY (	OR TOWN		13d. INSI <b>0</b> E (1 Yes <b>x</b>	TY LIMITS?	13e. STREET /	DDRESS	eet			
1		THER'S NAME FIRST		Harry F. F.	ields	AST		FI		Lille				LAST	
10	6a. W	AS DECEASED EVE S. NO. OR UNKNOWN)		RMED FORCES? E WAR OR DATES)	10000	-28-00		Mrs.	Delo	res Le		Cumbe	erland	,Dau	ghte
		Canditions, if gave rise to cause (a) stoti	any, which	ATE CAUSE (a) DUE TO, OR	AS A CONS	XKNXN	OF XX	Coror		Sclero	sis		S	S <b>i</b> idder	n
IND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	CERTIFICATION	PART 2 OTHER SIGNIFIC		( c)						1 (a),			20.	AUTOPSY?	
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			t I taak char	ge of the remains des	Accident		Autaps	y	PECIFY)	Undetermin	quiry XX ed manner		my apinian	-30-8	1
4-	1	EXAMINER'S NAM (TYPE OR PRINT)		enedict Sk				ADDRESS	#9,Cur	nberla	nd, M	arylar	ıd		
1	(5)	RIAL, CREMATION		7-3-1981	St	AME OF CEA		etery		Cum be	rland	Alle	egany,	Md. ST	ATE
2	S FU	NERAL DIRECTOR NAME Ja Carpelli	mes F.	Scarpels	i	a			JUL 6	C'D. BY 98	STRAR	CHEBUR.	BIS AGNA	TURE	
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Durst Funeral Home, Frostburg, Md. 21532

DHMH-16 30M 2/80 (VRA 15, 4)

FOR

- STATE

CERTIFICATE OF DEATH REGISTRAR REG. NO 2b. HOUR IF UNDER 1 VEAR IF UNDER 24 HRS HOURS BALTIMORE CITY OR COUNTY OF DEATH 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Textile C. Rowe, Frostburg, Md 21532 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 4 mos ?? PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE 81 ., and that in (my) (our) opinian death occurred on the date and hour and from the causes stated 22c. DATE SIGNED 18/81 STATE Burial Michaels Cemetery Allegany. Frostburg. 24 FUNERAL DIRECTOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME FIRST 2ª DATE OF DEATH MONTH TYPE OR PRINT) Paisley Mary June 3 SEX S DATE OF BIRTH 4 RACE & AGE LIN YEARS LAST BIRTHDAY! MONTH Female White January 13, 1891 TE BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED USA Allegany County Maryland WIDOWED DIVORCED | 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION I IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Cumberland ions Manor Nursing Home Office Worker USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONS 13e STATE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Allegany 112 N. Smallwood Street Cumberland YES X NO [ I FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE 26 William Paislev Donald Agnes R. ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT LYES, NO OR UNKNOWN IF YES, GIVE WAR OR DATEST Lions Manor Nursing Home 705-10-7462 NO 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate (a), stating couse 70

Seton Drive Cumberland Md

BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) NO O IFICAT 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES 1 YES [ NO [ CERT 216. TIME OF INJURY 71a ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 220 I certify that (I) (this haspital) attended the deceased from saw the deceased alive an. and that in (my) (aur) apinian death accurred an the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady after death 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 912 Seton Drive, Cumberland Wayne C Spring 23d. LOCATION 23e BURIAL CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY | SPECIFY) ST. PATRICK'S CEM

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BURIAL

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**DHMH-16 25M** (VRA 15, 4) 1/79

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24 FUNERAL DIRECTOR LEASURE-STEIN FUNERAL HOME, 11130 CU

6-10-1981

REGISTRAR'S SIGNATURE

2h HOUR

HOURS

12h. KIND OF BUSINESS OR

:23PM~

IF UNDER 24 HRS

6,1981

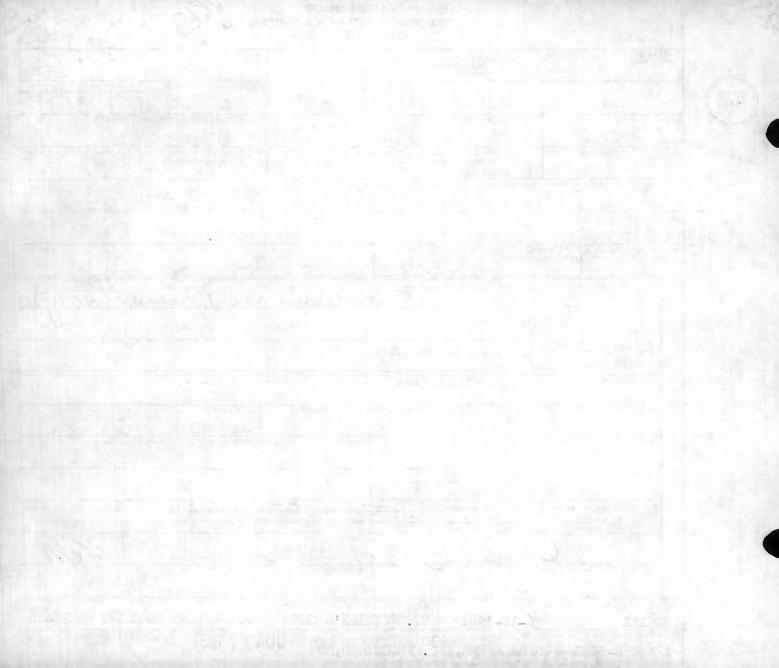
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FOR

REGISTRAR

- STATE

(VRA 15, 4)

12b. KIND OF BUSINESS OR ETYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Shipping Clerk Textiles Sell1 Ruth D. Park, Hyndman, Pa PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO I 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED 909-B SETON DRIVE, CUMBERLAND, MD 21502 Pennsylvania Burial Hyndman Cemetery Hyndman Bedford Co STRAP 250 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 ZEIGLER FUNERAL HOME ;HYNDMAN PA. 15545 55.55

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

REG. NO

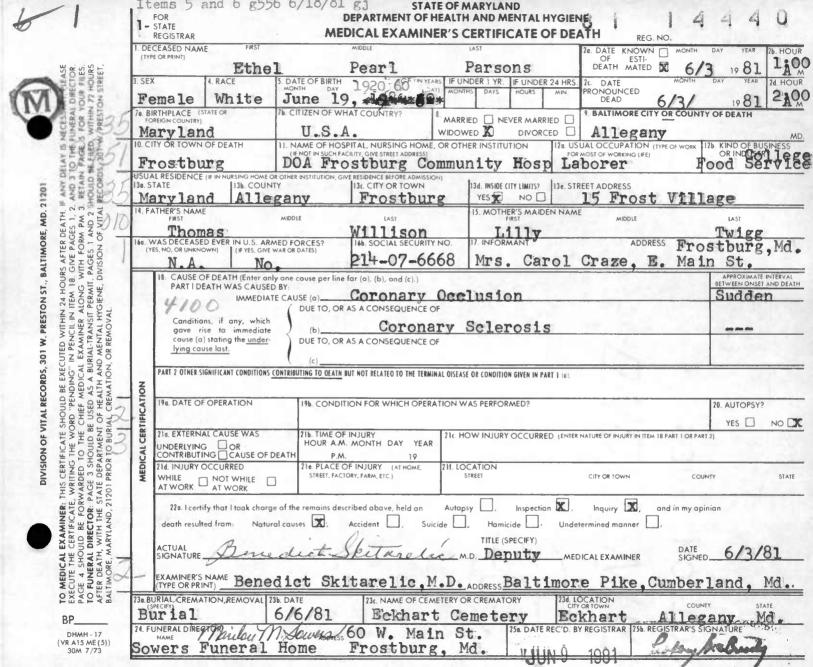
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325 Main St.

Meyersdale, Pa. 15552

24 FUNERAL DEFENDER ALHOME

BALTIMORE, MARYLAND 2120

DIVISION OF VITAL RECORDS,

DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND

STATE

DAY EO E MAR 256. R. GISTRAR'S SIGNATURE

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Westernport Md.

Service P.

Funeral

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

BY REGISTRAR 256, REGISTRAR'S SIGNATURE

DHMH-16 60M 1 /73 (VR A 15 (4)) FOR

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	FOR - STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	4443
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1	Female	4. RACE White	5. DATE OF BIRTH MONTH DAY Feb 27 1894	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
WIND	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	7b. CITIZEN OF WHAT COUNTRY!		9 BALTIMORE CITY OR COUNTY	
競動み	CITY OR TOWN OF DEATH  Cumberland	(IF NOT IN SUCH FACILITY, GIVE STREET	RT HOSPITAL	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Housekeeper	12b. KIND OF BUSINESS OR INDUSTRY
135 M	laryland Al	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR UNITY 13c. CITY OR TOV Cumberl	and YES NO	13e STREET ADDRESS 1005 Harding Ave	
ond 2	FATHER'S NAME FIRST Charles	Lewis Beck		WIDDLE	Wolf
S. Poges	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, O	ARMED FORCES? GIVE WAR OR DATES)  215-16-		ADDRESS 1005	Harding Ave erland, Md
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te hos been sign ssit permit. Then giene prior to bu shows ony injury,	PART 2 OTHER SIGNIFICAN'  190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING	17 B P Lever	DEATH BUT NOT RELATED TO THE TER.  LISTED  OPERATION WAS PERFORMED	206 AUTOPSY?   20b. IF YES   NO   YES   YE	WERE FINDINGS USED VING CAUSES OF DEATH?
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se detoched for use of State Dept, of Healt	sow the deceased olive or obbieve, (1) (A6) (did) (did) 22h SIGNATURE	V Dry 1	ond that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN		9, that (1) (we) lost ond from the couses stated
A Post of the second of the se	BMG Georg	e Breza M.D.		DR., CUMBERLAND,	MD. 21502
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SILCOX FUNERAL HOME 404 DECATUR ST., CUMB., MD.

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

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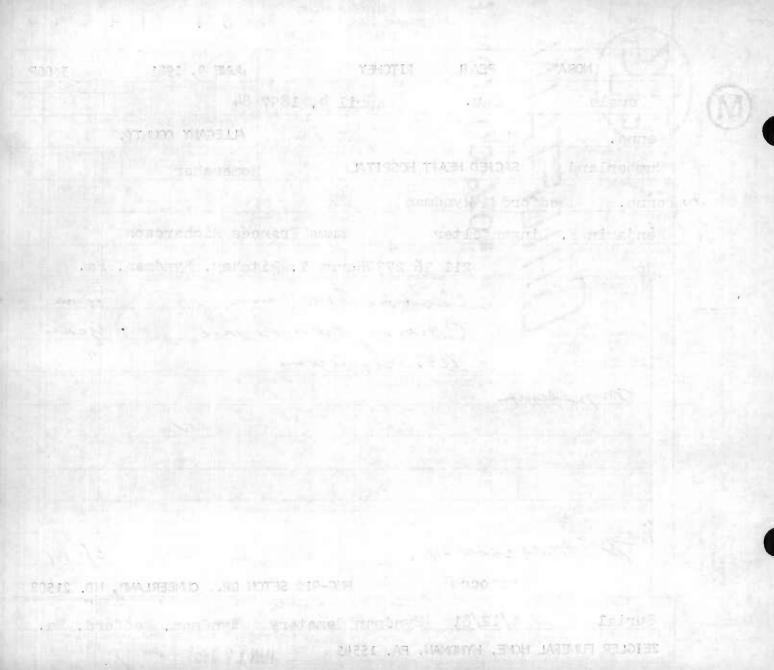
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. 32.		ATHER'S NAME	TANI	- CUMBEI	CLAMD	A	1313		PREP		
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A 18.		PART I DEATH WAS CAUSE	D BY:	e for (a), (b), (		onews Oca	clusion			BETWEEN ONSET	AND DEATH
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ARDED TARDED TAR	MEDICAL	21d. INJURY OCCURRED	21e. PLACE		(AT HOME, 21f	LOCATION		CITY OR TOWN	COUN	les.	STATE
STATE C	>	WHILE NOT WHILE (	3 STATES, FAC	CTORT, FARM, ETC.	,	SIREE		CITORIOWN	COUN	117	STATE
PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH WITH THE STA BALTMORE, MARYLAND, 2121		22a. I certify that I taak chard death resulted fram: Notu ACTUAL SIGNATURE	ge of the remains de ral causes x,	Accident [	, held an A	Homicide TITLE (SPECIF	Y)	Inquiry	ond in my opin , DATE SIGNED	6 20 8	1
MEDICAL CUTE THE SE 4 SHO FUNERAL ER DEATH	1	EXAMINER'S NAME Ben	edict Ski	tareli	c, M.D.	ADDRESS R#9	, Cumber	rland, Ma	ryland	21502	
PAGE AFTE BALT	23a.B	URIAL, CREMATION, REMOVAL				Y OR CREMATORY		PCATION OR TOWN			
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P DHMH - 17	24. F	UNERAL DIRECTOR			LTIMORE	25. 0	ATE REC'D. BY	REGISTRAR 25b. RI	EGISTRAR'S SIC	SNATURE	
5 ME (5))	LE	ASURE-STEIN FUN	ERAT. HOME	E TNC	CIMPERT	AVE ND MD	JUN 2 9	1981	The state of the		
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BP______ DHMH - 16 50M 1/81 (VRA 15, 4)

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Female  THPLACE (STATE OR FOREIGN DUNITY)  Nna.  Y OR TOWN OF DEATH	Cau. 76 CITIZEN OF WHAT COU	5. DATE OF BIRTH April 14, 1	6 AGE (IN YEARS LAST BIRTHDAY) IF	UNGER 1 YEAR IF UNDER 24 HRS
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nna. Y or town of Death	USA	MARRIED NEVER MARR		DAYS HOURS MIN.
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	SAC RED HEAR	URSING HOME OR OTHER INSTITUT	ION 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Homemaker	17b. KIND OF BUSINESS OR INDUSTRY
RESIDENCE (IF NURSING HOME OR IN COUNTY)  ATE Bedf	ITY 13, CITY O	R TOWN 13d. JUSIDE CITY LI		
HER'S NAME Pisst niamin F. I.i	ngenfelter	15. MOTHER'S MAI		LAST
AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIA	SECURITY NO. 17 INFORMANT	ADDRESS	. Pa.
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774 PHYSICIAN'S NAME (TYPE OF	Mazzocco	22e ADDRESS		), MD, 21502
urial	73b. DATE 6/12/81	230 NAME OF CEMETERY OR CREM	atory 23d Location City or town  Hvndman Bed	county state
	AS DECEASED EVER IN U.S. AR/ ES, NO RUNKNOWN)  18 CAUSE OF DEATH (Enter and PART 1. DEATH WAS CAUSE  Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT C  PART 2 OTHER SIGNIFICANT C  TO DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING ALUSE OF DEA (IF EITHER NOTHY MEDICAL EXAMINER) 27d I CERTIFY that (1) (this haspit sow the deceased alive an above, (1) (we) (did) (did not) 27b. SIGNATURE  27d PHYSICIAN'S NAME (TYPE OF BURIAL, CREMATION, REMOVAL BURIAL, CREMATION, REMOVAL BURIAL, CREMATION, REMOVAL BURIAL, CREMATION, REMOVAL BURIAL BUR	AS DECEASED EVER IN U.S. ARMED FORCES?  BY ART 1. DEATH (Enter anly ane cause per line far Lo), (PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS ASON:  (b)  DUE TO, OR AS ASON:  (c)  DUE TO, OR AS ASON:  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  OR CONTRIBUTING  OR CONTRIBUTING  OR CONTRIBUTING  (B EITHER NOTIFY MEDICAL EXAMINER)  AT WORK  AT	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TO THE RESIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED TO CONTRIBUTING CAUSE OF OPERATION  216. ACCIDENT WAS UNDERLYING AUGUST OF ALWORD ALL RAMINER)  216. BUJURY OCCURRED  WHILE AUGUST OF DEATH CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TO STREET. FACTORY, OFFICE, FARM, ETC.)  216. SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TO STREET. FACTORY, OFFICE, FARM, ETC.)  216. SIGNATURE  216. PLACE OF INJURY  ALWORK AUGUST OF OPERATION  216. PLACE OF INJURY  (If either NOTIFY MEDICAL EXAMINER)  2176. SIGNATURE  AUGUST OF OPERATION  218. PLACE OF INJURY  (IA HOME STREET, FACTORY, OFFICE, FARM, ETC.)  2197. SIGNATURE  210. ACCIDENT WAS UNDERLYING AUGUST OF DEATH BUT NOT RELATED TO TO STREET. FACTORY, OFFICE, FARM, ETC.)  210. ACCIDENT WAS UNDERLYING AUGUST OF OPERATION  WHILE AUGUST OF OPERATION  210. ACCIDENT WAS UNDERLYING AUGUST OF OPERATION WAS PERFORMED.  2116. ACCIDENT WAS UNDERLYING AUGUST OF OPERATION  2116. ACCIDENT WAS UNDERLYING AUGUST OF OPERATION  2116. ACCIDENT WAS UNDERLYING AUGUST OF OPERATION  2116. CONTRIBUTING AUGUST OF OPERATION  2117. ACCIDENT WAS UNDERLYING AUGUST OF OPERATION  2118. CAUSE OF OPERATION  2118. CAUSE OF OPERATION  2118. CIDENT WAS UNDERLYING AUGUST OF OPERATION  2118. CIDENT WAS UNDERLYING AUGUST OF OPERATION  2118. CONTRIBUTION OF OPERATION  2118. CONTRIBUTION OF OPERATION  2118. CAUSE OF OPERATION  2118. CAUSE OF OPERATION  2118. CONTRIBUTION OF OPERATION  2118. CIDENT WAS UNDERLYING AUGUST OF OPERATION  2118. CIDENT WAS UNDERLYING AUGUST OF OPERATION  2118. CONTRIBUTION OF OPERATION OF OPERATION  2118. CONTRIBUTION OF OPERATION  2118. CONTRIB	Emma Frances Richardson  AS DECEASED EVER IN U.S. ARMED FORCES?  BY ADDRESS  ADDRESS  211 36 2730 Harry T. Ritchey, Hyndman  BE CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c)  PART 1. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  DUE TO, OR AS AS DISSEQUENCE OF  QUIPE TO, OR AS AS DISSEQUENCE OF  (b)  DUE TO, OR AS AS DISSEQUENCE OF  (c)  DUE TO, OR AS AS DISSEQUENCE OF  (c)  DUE TO, OR AS AS DISSEQUENCE OF  (d)  DUE TO, OR AS AS DISSEQUENCE OF  (e)  DUE TO, OR AS AS DISSEQUENCE OF  (b)  DUE TO, OR AS AS DISSEQUENCE OF  (c)  DUE TO, OR AS AS DISSEQUENCE OF  (d)  DUE TO, OR AS AS DISSEQUENCE OF  (e)  DUE TO, OR AS AS DISSEQUENCE OF  (d)  DUE TO, OR AS AS DISSEQUENCE OF  (e)  DUE TO, OR AS AS DISSEQUENCE OF  (d)  DUE TO, OR AS AS DISSEQUENCE OF  (e)  DUE TO, OR AS AS DISSEQUENCE OF  (d)  DUE TO, OR AS AS DISSEQUENCE OF  (e)  DUE TO, OR AS AS DISSEQUENCE OF  (d)  DUE TO, OR AS AS DISSEQUENCE OF  (e)  DUE TO, OR AS AS DISSEQUENCE OF  (d)  DUE TO, OR AS AS DISSEQUENCE OF  (e)  DUE TO, OR AS AS DISSEQUENCE OF  (d)  DUE TO, OR AS AS DISSEQUENCE OF  (d



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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE CERTIFICATE OF DEATH REGISTRAR REG NO L DECEASED NAME MIDDLE LAST 20 DATE OF DEATH MONTH YEAR 2b. HOUR (TYPE OR PRINT) :15A Nera Sanders 4 RACE IF LINDER TYPAR 3. SEX 5. DATE OF BIRTH 6. AGE TIN YEARS LAST BIRTHDAY IF UNDER 24 HRS Female White MOMTH 13 1895 86 To. BIRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED COUNTRY W. Va. U.S.A. Allagany WIDOWEDIX DIVORCED | 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR Cumberland Allegany County Nursing Home INDUSTRY Homemaker MARYLAND 2120 JUSUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 130. STATE 13b COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 0 Allegany Maryland Cumberland NO F 206 Park 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE FIRST Roderick MIDDLE Clark William P. Hannah ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) Allegany Co. Nursing Home (IF YES, GIVE WAR OR DATES) 232 26 2418 Record Dept. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (g) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse DIVISION OF VITAL RECORDS, 301 TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CERTIFICATION 0 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY 10s IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [ NO IT Mental Hygi 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21a ACCIDENT WAS UNDERLYING 216 TIME OF THIURY 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION 0 (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE ed WHILE NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive an_ , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c DATE SIGNED No. ATTENDING MEDICAL should be deto with the State DIRECTOR PHYSICIAN PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 0 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 236 DINTE 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) Mineral Burial 4 June 81 Queens Point Keyser BY REGISTRAR 256. REGISTRAR'S SIQUATUR 24 FUNERAL DIRECTOR 25a. DATE REC'D. DHMH-16 60M 1/73 Keyser, W. Va. Allen M. Rotruck (VR A 15 (4))

STATE OF MARYLAND

Villagetty .... the special the land William P. Roderleit Hingen J. The little of the same of the same was the same of the same Surial A June 21 Journal Point . . Mayor P. Mindral . . May

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STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME KNOWN X [TYPE OR PRINT] RIL WOOD Maurice X Schell DEATH MATED 4. RACE AGE (IN YEARS | IF UNDER ) YR. IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED Male White 31 1921 59 YRS DEAD 19 2:BOA 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY West Virginia USA WIDOWED DIVORCED Allegany 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION ID. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS Cumberland Memorial Hospital-DOA Railroad RR USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13g. STATE Allegany 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Cumberland Rt.#3 NOSE 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST Lewis Schell Bertha Borror 166. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16h SOCIAL SECURITY NO INFORMANT Rt #3 Bedford Rd (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No 710-09-6956 Mrs. Z. Virginia Schell Cumberland, Md CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Bronchogenic Carcinoma with metastasis months DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which Bronchogenic Carcinoma 1 Year gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 ED AS A F CERTIFICATION USED AS ICATE, WRITING THE WORD "PE E FORWARDED TO THE CHIEF A TOR: PAGE 3 SHOULD BE USED / THE STATE DEPARTMENT OF HE 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURIAL, NO T YES 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 19 21e PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 211 LOCATION TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BARTIMORE, MARYLAND, 21201 P AT WORK NOT WHILE STREET, FACTORY, FARM, ETC 1 STREET CITY OF TOWN STATE COUNTY 220. I certify that I taak charge of the remains described above, held an Autopsy Inspection ond in my opinion Natural causes death resulted fram: Homicide Undetermined manner TITLE (SPECIFY) Deputy MEDICAL EXAMINER EXAMINER'S NAME Benedict Skitarelic, M.D. ADDRESS R#9. Cumberland, Maryland (TYPE OR PRINT) 23d. LOCATION COUNTY STATE July 2/1981 Bethel U. Meth Cemetery Cumb Two Bedford Penna BP Burial 24. FUNERAL DIRECTOR_Merritt 250. DATE REOD. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 404 Decatur Street Silcox-Funeral Home, **DHMH-17** Cumberland, Maryland (VR A15 ME (5)) 15M 2/80

n ring. 200 C. C. C. C. C. Sold Sold The feet of the second of the בי מפי כדול בי מור בי sene of wittercle. F.B. 247, uncertanc, but land July 2/1941 Bethet U. Hoth Occobery Built Pau Bellorg Spania - erritt / CM localur Street

DHMH - 16 50M 1/B1

(VRA 15.4)

STATE OF MARYLAND	493
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	Ö
CERTIFICATE OF DEATH	

FOR - STATE REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 75 HOUR (TYPE OR PRINT) **ERNEST** PRESTON SHOBE JUNE 26, 1981 3. SEX 4. RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 5. DATE OF BIRTH MONTH Male White July 13 1909 BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY ALLEGANY COUNTY. W. Va. WIDOWED TO NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE SACRED HEART HOSPITAL INDUSTRY Cumberland Laborez Textile SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13g STATE 13c CITY OR TOWN 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? Md. 14504 Winchester Rd. Box 26 Allegany Cresaptown 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Charles Molly Shobe Hedrick 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. Rt.#I Box 24A LYES NO OR UNKNOWNS (IF YES, GIVE WAR OR DATES) Mr. Paul E. Shobe Keedysville. Md. 21756 No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH

216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) HOUR A.M. MONTH DAY YEAR

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE FARM ETC.) WHILE NOT WHILE AT WORK

226.1 certify that (1) (this haspital) attended the deceased from_

obove, (1) (we) (did) (did not) view the body ofter death

211 LOCATION

CITY OR TOWN COUNTY STATE

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

22d. PHYSICIAN'S NAME ( ) TO SERVE

sow the deceased alive on.

PHYSICIAN 22e. ADDRESS

DIRECTOR PHYSICIAN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

20a AUTOPSY?

22c DATE SIGNED

George Breza, M.D.

DEGREE

Sunset Memorial Park

BMG-912 SETON DR., CUMBERLAND, MD. 21502

Burial

236 BURIAL CREMATION, REMOVAL

226. SIGNATURE

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION

Cumberland Allegany

SILCOX-MERRITT F.H., 404 DECATUR ST., CUMB, MI

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1	FOR STATE REGISTRAR			DEF	ARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENE 8	0.	9 4	5
	CEASED NAME E OR PRINT)	FIRST		WIDDLE		AST	20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
		Agnes		E.		vens	6/25/81			7:30a
3. SE	× fema		RACE Whit	e	5. DATE (	107 87 EAR	6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
∂a B	IRTHPLACE (STATE)	OR FOREIGN 7	CITIZEN OF	WHAT COUN	NTRY? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	_		W 1
10.0	Marylar		USA		WIDOWE		Allegany			M
	Frostbur	g, MD.	Fros	tburg	Communit	y Hospital	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOUSEWIL	E WORKING LIF		f business of Home
130	AL RESIDENCE (IF N STATE Md	13b COUNT		13c. CITY OF		13d. INSIDE CITY LIMITS? YES NO [	13e. STREET ADDRESS 205 E	ast S	st.	
14. F	Theopo	lus	IDOLE	Ste	vens	15. MOTHER'S MAIDEN NA	WIDDLE		MIdd1e	ton
	WAS DECEASED EV		ED FORCES?	166 SOCIAL	SECURITY NO.	17. INFORMANT	ADDRE			
	no			212-7	4-9943	J Mallery,	18 Tarn Terr	ace,	Frsotbu	rg, MD.
	18 CAUSE OF DE	ATH Enter only WAS CAUSED	one cause pe	r line for ta , f	b), and Ici	0001/	7		BETWEEN	MATE INTERVAL
	11.	IMMEDIATE			U	SICIVI	D.		-	_
	Conditions, if a		DUE TO, C	R AS A CON	SEQUENCE OF	C.H.F.			8d	ay 5,
	gave rise to i cause (a), sta underlying cau	ting the	DUE TO, C	R AS A CON	SEQUENCE OF	Lendit	3.		_	- 0
NO	PART 2 OTHER SI	GNIFICANT CO	ONDITIONS C	ONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIV	EN IN PART 100	
CERTIFICATION	19a. DATE OF OPER	RATION	19b COND	ITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES IN CERTIF	, WERE FINDIN	IGS USED OF DEATH?
CER	21a. ACCIDENT WAS		216. TIME C			21c. HOW INJURY OCCUR				110
AL	OR CONTRIBUTING			.M. MONTE	DAY YEAR					
MEDICAL	21d. INJURY OCCU			OF INJURY	FFICE FARM ETC.)	211 LOCATION	CITY OR 10	No. f. h. i	COUNTY	STATE
Σ	AT WORK NOT	WHILE VORK	(ATHOME ST	REET, FACTORY, O	PFICE FARM ETC )	SIRCE	CITORIO	****	COOM	STATE
	22a.t certify that			and the same of th	-	17 1981		5	195/	that (I) (we) las
	sow the dece obove, (I) (we	osed olive on (did)(did not)	view the body		.19. ar	d that in (my) (authopinion	death accurred on the do	ote and hour	and from the	couses stated
	22b. SIGNATURE	H.C.	Di	ehl.	mil	DEGREE ATTENDING PHYSICIAN	DIRECTOR PHYSIC	F IAN 🗌	27c. DATE	4181
	22d. PHYSICIAN'S	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	PRINT)			22e ADDRESS				1
	Dr. H	. Diehl				Main St.	, Frostburg,	MD.	21532	
	BURIAL, CREMATIO	N, REMOVAL	23b. DATE		23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE

DHMH - 16 50M 1/81

BP.

Buria
24 FUNERAL DIRECTOR (VRA 15, 4) Durst Funeral Homex

ADDRESS

Frostburg, MD

23d. LOCATION
CITYOR TOWN
Frostburg,

Allegany, Md.

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	FOR 1 - STATE	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY	GIENE 8	4 4 5 2		
	REGISTRAR  1 DECEASED NAME FIRS	MIODLE	CERTIFICATE OF DEATH		DAY YEAR 26. HOUR		
death	CA 3. SEX	RRIE JANE	STEVENSON  S. DATE OF BIRTH	JUNE 18, 1981	0420A		
Poge 4	Female	White	S. DATE OF BIRTH March 28, 1903	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR			
death. P	De BIRTHPLACE STATE OR FOREIGN COUNTRY)  Carlos, Md.	76. CITIZEN OF WHAT COUNTE	MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐	1 4 1 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			
s after by the filled will	CUMBERLAND	11. NAME OF HOSPITAL, NÜR (IF NOT IN SUCH FACILITY, GIVE STR MEMORIAL HO	SING HOME OR OTHER INSTITUTION SPITAL				
24 hour filled in ould be impost be	1 130 STATE 113h (	ME OR OTHER INSTITUTION, GIVE RESIDENCE BE OUNTY 13( CITY OR TO Cumber	Tand 13d Inside City Limits?	'111 Thoustrial	l Blvd.		
ompletely and 2 sh	14 FATHER'S NAME FIRST Charles	MIDDLE Hitchins	15 MOTHER'S MAIDEN N Catherine S	chell MIDDLE	LAST		
n and car Pages 1 c	(YES, NO OR UNKNOWN) (IF YE	S. ARMED FORCES? 166 SOCIAL SE S. GIVE WAR OR GATES)	CURITY NO. 17. INFORMANT Mrs. Thelma	Md.			
ow requires that the death certificate been signed by the attending physic mit. Then please remove cabon page prior to burial, cremation, or removal, any injury, or other traumatic event, the		DUE TO, OR AS A CONSECUTION OF THE CONTRIBUTING TO THE CONTRIBUTION OF THE CONTRIBUTIO	cut MI		EN IN PART 1(0)		
sicion.  ore hos be mist permi ygiene pri shows on	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN			IN CERTIF	YING CAUSES OF DEATH?		
NG PHYSICIAN: The low required the control of the c	OR CONTRIBUTING CAUSE OF CONTRIBUTING NOTIFY MEDICAL EXAM  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY	DAY YEAR 19 21f LOCATION	CITY OR TOWN	COUNTY STATE		
NR ATTENDI hospital or RECTOR: A hed for use ept. of Heal Item 21 is m	22a.1 certify that (1) this saw the deceased ali	nospital) attended the deceased from	and that in four (aur) apinio	n death accurred an the date and have	19, that (I) (we) last r and from the causes stated 22c. DATE SIGNED		
HOSPITAL  HOSPITAL  Sined by the FUNERAL  Bould be detten the the Stote  PORTANT:	22d PHYSICIAN'S NAME ( THADDEUS	YPE OR PRINT) ELDER, M. D.	22e. ADDRESS MEM	DRIAL HOSPITAL MED BERLAND, MARYLAND	6/19/8 DICAL BLDG. 21502		
PP	BURIEL PREMATION, REMO	VAL 26-21-81 H	11446PesterBurgamapay Hillcrest Burial Pa	Cumberland	Md.		
DHMH - 16 50M 1/76 (VR A 15 (4) )	James F. Scarpe	lli, Cumberland	25a. Q.A	RECD, BY REGISTRAR 131 REGIST	RARY SIGNATURE		

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Will Tam G. Kight, Cumber Land, Md.

- STATE

DHMH - 16 50M 1/81

(VRA 15, 4)

REGISTRAR

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

26 HOUR PM

126. KIND OF BUSINESS OR

Own home

NO [

STATE

COUNTY

220 DATE SIGNED

IF UNDER 1 YEAR

INDUSTRY

20. DATE OF DEATH MONTH

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SUIT LIVE	100000000000000000000000000000000000000	DR. MOEDSTIANO J. BARRERS INCHOR

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- 11	- STATE REGISTRAR	DE		HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	1 4 4 7
	DECEASED NAME FIRST	MIDDLE	4 0 10	LAST	20. DATE OF DEATH MONTH	H DAY YEAR 26 HOUR
(1)	Dertrud	1 1	71	under.	06/29/8	1 60
3. 9		4. RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	
3	FEMALE	CAUCASIAN	) MONT		89	YRS. MONTHS DAYS HOURS MIN
10	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	INTRY? 8.	ED NEVER MARRIED	9. BALTIMORE CITY OR CO	UNTY OF DEATH
(D)	West Virginia	U.S.A.	WIDOW	ED DIVORCED		Allegany A
10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, I		OR OTHER INSTITUTION	120. USUAL OCCUPATION	126. KIND OF BUSINESS C
	Cumberland	Cumberland	Nursing	Home	Housekeeper	
130	UAL RESIDENCE (IF NURSING HOM)	E OR OTHER INSTITUTION, GIVE RESIDENCE DUNTY 13c. CITY O		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	
		Taylor Graf	ton	YES NO	661 Maple Av	enue
1/ 14.	FATHER'S NAME	WIDDLE	AST	15. MOTHER'S MAIDEN NA	WE	LAST
16	George		razier	Anna		Horchler
7 16a	WAS DECEASED EVER IN U.S. (YES NO OR UNKNOWN) (IF YES.	, GIVE WAR OR DATES)	AL SECURITY NO.	17. INFORMANT	ADDRESS	014 Van Buren Av
	No	235-	76-3465	Mrs. Mary G	ipe C	umberland, Md
	18 CAUSE OF DEATH (Enter	r only one couse per line for (a), USED BY:	(b), and (c).)		7 W 185	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
		DIATE CAUSE (o)	NEUMO	N1778		4 Mys
	4860	DUE TO, OR AS A CON	SEROUENSE OF			
	Conditions, if ony, which	( 15)	UVA M	0 =		25 Nan!
				4 ~		702 1
	gave rise to immediate couse (a), stating the underlying couse last		NSEQUENCE OF	40		1
z	gove rise to immediate couse (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICAN	)	NG TO DEATH BUT		AINAL DISEASE OR CONDITIO	N GIVEN IN PART 1(0)
TION	gove rise to immediate couse (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CON (c)	NG TO DEATH BUT	NE	The state of the s	
FICATION	gove rise to immediate couse (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CON	NG TO DEATH BUT	NE	20a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
ERTIFICATION	gove rise to immediate couse (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CON (c)  NT CONDITIONS CONTRIBUTION  196 CONDITION FOR	NG TO DEATH BUT	ON WAS PERFORMED	20a AUTOPSY?   20b.   IN (	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?  YES \( \text{NO} \)
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DHMH - 16 50M 1/BI (VRA 15, 4)

FOR

- STATE

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE ( CERTIFICATE OF DEATH

REG. N	10.			
ATH	MONTH	OAY	YEAR	26 HOUR
1 10	0.01			E . 20

3. SEX  70. BIRTHI COUN MATY 10 CITY C  CLIM 130. STAT MATY 14. FATHE	1. DECEASED NAME	FIRST	WIOOFE	LAST	20. DATE OF DEATH MONTH	OAY YEAR	2b HOUR
	WILL	IAM ERI	NEST VALI	ENTINE	JUNE 17,1981		5:20 A
	3. SEX	4. RACE			6. AGE (IN YEARS LAST BIRTHOAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	Male	White			69 yr		HOURS MIN.
r	TO. BIRTHPLACE (STATE OR FO	REIGN 76 CITIZEN OF	WHAT COUNTRY?		9. BALTIMORE CITY OR COU	NTY OF DEATH	Ton-Salm
5	Maryland				ALLEGANY CO	YTMU	MD
2	Omberland					NG LIFE) INDUSTRY	
E		3b COUNTY	GIVE RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN Cumberland	13d INSIDE CITY LIMITS? YES K NO	13e. STREET ADDRESS		
11	14. FATHER'S NAME FIRST William	WIGGE	Valentine Valentine	FIRST	AME	LAS	
1	160 WAS DECEASED EVER IN		166 SOCIAL SECURITY NO.	17. INFORMANT			
1	No	THE TES, GIVE WAR ON DATES)	214-05-8755	Mrs. Liela			
	PART I. DEATH WA	ARCE   S. DATE OF BIRTH   S. DATE OF WORLD   DATE OF BIRTH   S. DATE OF WORLD   DATE OF BIRTH   S. DATE OF B					

CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

21b. TIME OF INJURY

HOUR A.M. MONTH DAY YEAR P.M 21e. PLACE OF INJURY AT HOME STREET FACTORY, OFFICE, FARM, ETC.)

211 LOCATION

ATTENDING

CITY OR TOWN COUNTY

20b. IF YES, WERE FINDINGS USED

YES [

IN CERTIFYING CAUSES OF DEATH?

STATE

NO F

220.1 certify that (1) (this hospital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 220 DATE SIGNED

MID

22e. ADDRESS

909-B SETON DRIVE, CUMBERLAND, MD 21502

STAFF

20a AUTOPSY?

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

23d. LOCATION 23t. NAME OF CEMETERY OR CREMATORY

MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

Burial

Hillcrest Burial Park

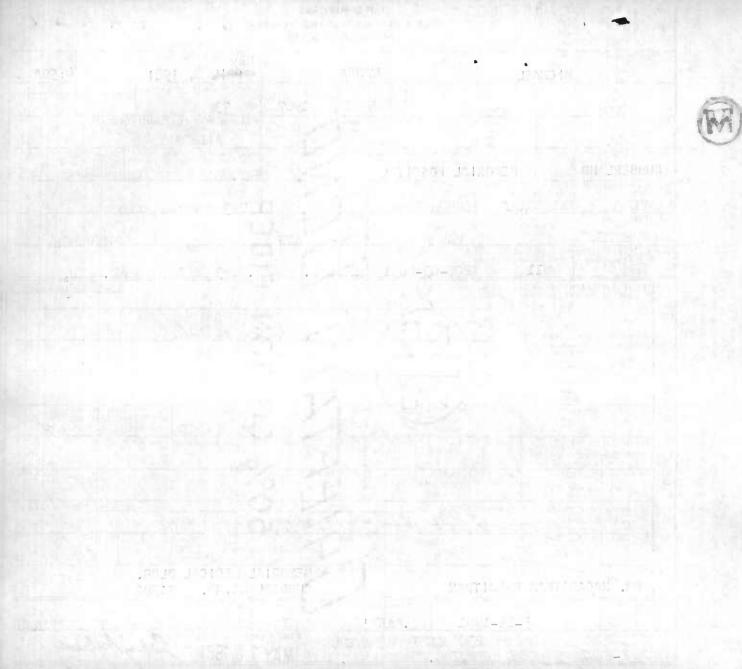
Curberland Allegany Maryland ISTRAR 25b. REGISTRAR'S

24 FUNERAL DIRECTOR 404 DECATOR STREET SILCOX/MER HITT FUNERAL HOME CUMBE FLAND, MD 21502

ATRICKI TIANGED HOLD and will established beritted Lorent Commercial x Clarence of the Commerce o Militam Pance Valenwine empa Serve Lacorries ers. Hole A. Weleneine Gameerland, ad CORRECT CETCOL TRIVER CONSESTANTS AND CORRECT J.M. MINES MEDICAL M. E. horiginal Councils busined that Lairne troubles 1900 end. Lairne Justic of the alternative and transmit all the sail white

D_ 1	1 - STATE			PARTMENT CAL EX AM		AND MI	ENTAL H	O		1 4	4 5	6
are the se	1. DECEASEI	NAME FIRST	A	hard		LAST Nall	LATEO	2a.	PATE KNOWN OF ESTI- DEATH MATED		8/81 ₁₀	26. HQDR 3:00
THE PERSON NAMED IN COLUMN	Male	4. RACE Cau.	S DATE OF BIRTH	6 AGE	(IN YEARS IF UN IRTHDAY) MONT	DER I YR.	IF UNDER	24 HRS 2c.	DATE NOUNCED DEAD	June	DAY YEAR 18, 19 81	2d Hapur 4:00
	FOREIGN C		76. CITIZEN OF WHA		8. MARR WIDOV	/ED X	VER MARRI DIVORCI	ED 🗆	Alleg	any	1200	MD.
O ON THE SE	Cumb	OWN OF DEATH  erland  bence he in ni iresing how	11. NAME OF HOSPI (IF NOT A SICH FAIL 426 BO	Lto. Av	ess)	IER INSTITU	TION	Ret.	OF WORKING HEET		Railro	id,
25,000,36	Maryl	and 13b. A	Legany	Cumber		13d. INSIDE			6 Balti	more A	venue	
FREE DEATH FAMORS 1. FORM PW CS 1. AND 2. FOR OFFICE 1.	16a. WAS DE	T CEASED EVER IN U.S., RUNKNOWN) (IF YES, G	ARMED FORCES?	Verna 166. SOCIAL SEC 705-10-	URITY NO.	Em 17. INFORM		e	ADDR	RESS 5803	Barrow Cherrywe enbelt.Mo	ood 1. Tonn
HOURS A M 18 GR MITH GAL EMIT. PAG NE. DIVIS	18. C	AUSE OF DEATH (Enter	anly ane couse per line fo SED BY: IATE CAUSE (a)		.)			307000			APPROXIMATE BETWEEN ONSET SUDDE	INTERVAL AND DEATH
IG" IN PE ICE IN ITE CAL EXAMINE! A BURIAL: ITE AND ME ITE ION, OR ITE ON	9 c	anditions, if any, who are rise to immediate to see (a) stating the unding cause lost.	DUE TO, OR A	S A CONSEQUE	Y SCLER		N CIVEN IN BA				27 92 97	
EF MEDIC		ATE OF OPERATION		ON FOR WHICH				KI 1 (0).			20. AUTOPSY?	
FING THE WORD SED TO THE CHIE 3 SHOULD BE US DEPARTMENT OF RIOR TO BURLAL	UNDE	(TERNAL CAUSE WAS RLYING OR RIBUTING CAUSE C	A PARTY OF THE PAR	MONTH DAY	YEAR 21c. H	OW INJURY	OCCURRE	D LENTER NATU	RE OF INJURY IN ITE	M 18 PART 1 OR PA	YES ART 2)	NO 🔀
RWARDED 1: PAGE 3 SH STATE DEPA	21d. II WHII AT W		21e PLACE OF STREET, FACTOR			CATION		CI	TY OR TOWN	cc	YTALIC	STATE
ERTIFICATE,  ID BE FORV  IRECTOR: P  WITH THE ST  RYLAND, 21:	dea	h resulted from: No	orge of the remains descriptural causes X, A	bed obove, held accident .	Suicide N	Hamil	Inspection cide	Undeterm	ined monner	and in my a , DATE SIGN		1
TO MEDICAL ST. EXECUTE THE C PAGE 4 SHOUN TO FUNERAL D AFTER DEATH, V BATTER DEATH, V BATTER DEATH, V	(TYPE 23a, BURIAL,	INER'S NAME OR PRINT)	Benedict Ski	123c. NAME C	F CEMETERY C	OR CREMAT	ORY	240				
DHMH - 17 VR A15 ME (5)) 15M 7/76	24. FUNERA	Burial L DIRECTOR	6/21/81 rge, 202 Gre		rest Bu 2150 Cumb.N	2	250. DATE	REC'D. BY RE	GISTRAR 256.	Allegi R TRAR'S	SIGNATURE	

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10		١,	FOR STATE		DEPART	MENT OF	E OF MARYLAND EALTH AND MENTAL	HYGIENE	3 1	1	4 4	5 8
		Ŀ	REGISTRAR				ICATE OF DEATH		REG. NO	).		
m.c			CEASED NAME FIRST		MIDDLE		AST			MONTH DA	Y YEAR	26 HOUR
0.0			VICTOR		MN	MEISS	M.D.		VE 18,			1255/
例	)	3. SE	Local Control	4. RACE	-	S. DATE C			(IN YEARS LAST BIRT	HDAY)	UNDER TYEAR	HOURS MIN
411	/		MALE		116	JUNE	8 1936	0.000	51	YRS.	F D F A 711	
	911		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY	MARRIE	NEVER MARRIED	☐ V. BALII	MORE CITY OF	-	PEAIN	
	5/1	_	CUBA ITY OR TOWN OF DEATH	II NAME OF	S &	WIDOWE	D DIVORCED		ALLE		LISE KIND OF	F BUSINESS (
	50		CUMBERLAND		RIAL HOS		l'a'a		EURO SU	WORKING LIFE)	DOCT	OR
	of S	13a.	AL RESIDENCE (IF NURSING HOME O	R OTHER INSTITUTION	GIVE RESIDENCE BEFO	RE ADMISSION)	13d. INSIDE CITY LIMIT	S? 13e. STRE	ET ADDRESS			
-	35	_		EGANY	CUMBE		YES NO	516	S NEMACO	OLTN A	VE	- 3
	E I	14. F	ATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN	NAME	WIDDLE		LAST	
6	E		HERMAN		WEISS		DORA				BAUER	
1	medical		WAS DECEASED EVER IN U.S. AF	MED FORCES?	166 SOCIAL SEC	URITY NO.	17. INFORMANT	· •	ADDRE	SS		
	event, the me		NO		261-96	4271	RAQUEL WETS	S. 516 1	IEMACOT:	TNI AVE	CIMB 1	MD.
prior to burial, crem	iws any injury, ar other traumatic	CERTIFICATION	Conditions, if any, which gove rise to immediate couse (o), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT  190. DATE OF OPERATION	(c)		DEATH BUT	NOT RELATED TO THE		UTOPSY?	20b. IF YES,	WERE FINDIN	GS USED
Hygiene	Sylows 1	ER!	210. ACCIDENT WAS UNDERLYING	21b. TIME C			21c. HOW INJURY OC				T I OR PART 2)	110
and mental	Item 18		OR CONTRIBUTING CAUSE OF DE		M. MONTH (	DAY YEAR						
-	ž /	MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY		211 LOCATION		CITY OR TOV	MNI	COUNTY	STAT
ono.	marked ar	Σ	WHILE NOT WHILE AT WORK	(AI HOME SI	REET, FACTORY, OFFICE	FARM, ETC.)	318221		4			
			22a I certify that (I) (this here		ne deceased from	9.9	1/2 191	, to_	6/18	, 19	6/	hot (I) (we
0	21 is		sow the deceased plive or obove, (I) (www.(did)) (did no	ot) view the body	ofter death.	8/ .01	d that in (my) (aur) api	inion death occ	urred on the do	te and hour o	and from the o	ouses state
Dept.	±e ₃		22b. SIGNAFORE	07	8	. 7	DEGREE				22c. DATE S	SIGNED
ote	±-	\	accura	1 au	Luc	ly the	PHYSICIA	MEDIC	AL STAF	IAN 🗌	61	19/
with the State [	MPORTANI		22d. PHYSICIAN'S NAME (TYPE				220 ADDRESS	EMORIAL	HOSPITA			
+	o l		RICHARD L.	SNIDER	, M.D.		Ct	JMBERLA	VD, MAR	YLAND	2150:	2
3	2		BURIAL, CREMATION, REMOVAL	236 DATE	23ε.	NAME OF C	EMETERY OR CREMATO	ORY 23d. LC	OCATION CITY OR TOWN		COUNTY	STATE
		L	BURIAL	6-19	-1981 EAS	ST VIE	W CEMETERY	CIII	BERLANT		LANY M	
2/80			UNERAL DIRECTOR		230	BALTIM	lac.	DATE REC'D.	BY REGISTRAR	25b. REGISTR	AR'S SIGNATI	JRE
1)		L	easûre-stein fu	NERAL HO	OME INC.	CUMBE	RLAND MD	אוטע.	4 1981	Sec. Se	my som	A September 1

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		TATE EGISTRAR		MED	ICAL EXAMI	NER'S	CERTIFICATE O	F DEATH	REG. N	0.		3 3 0
		EASED NAME	FIRST	1	WIDDLE		LAST	2a. D/	TE KNOWN		DAY YEAR	2b. HOUR
	( int	OK PRINT)	Kenne	th		Wi	lliams	DE	ATH MATED	6-1	0 1981	2PM
3	SEX	4_R	ACE	5. DATE OF BIRTH	YEAR LAST BIRTH	EARS IF UN	DER 1 YR. IF UNDER		ATE	MONTH	DAY YEAR	2d HOUR
1	M	ale V	White	Aug.6,		YRS.	HS DAYS HOURS		OUNCED EAD	6-1	.0 1981	5PM
-	FOR	THPLACE (STATE		76. CITIZEN OF WH.	AT COUNTRY?	8. MARR	IED NEVER MARRI	IED	LTIMORE CITY			
		Marylar		U.S.A	•	WIDOW	PEDXX DIVORC	ED 🗆	Allega	ny		MD.
ID		Y OR TOWN OF	100	LIE NOT IN SUCH FAC	ITAL, NURSING HOA		ER INSTITUTION	FOR MOST OF	CUPATION (TYPE WORKING LIFE)		b. KIND OF BU OR INDUST	ISINESS
		rostbu		Rt. 2				Ret	ired S	chool	Boar	d
3	a. ST.	ATE	THE COUNT	ROTHER INSTITUTION, GIVE Y	RESIDENCE BEFORE ADMIS	Lui's	13d. INSIDE CITY LIMITS?	13e. STREEL AL	DDRESS			
		liforni	a Sant	a Clara	Palo A	lto	YES NO	1480	W. Ba	shore	Road	
14	I. FAT	HER'S NAME		WIDDLE	LAST		15. MOTHER'S MAIDE FIRST	NNAME	MIDDLE		LAST	
		Alber			William		Laura			Andr	ews	
6	(YES	AS DECEASED EN	(IF YES, GIVE V	VAR OR DATES)	16b. SOCIAL SECUR		17. INFORMANT		ADDRESS			
		Hes	W.W		559-09-	6173	Kenneth	Willia	ams Jr.	Pal		O, CE
		18. CAUSE OF DI	EATH (Enter only	y one couse per line f	ar (o), (b), and (c).)						APPROXIMATI BETWEEN ONSE	T AND DEATH
		11		E CAUSE (o)			onary Occ	Lusior	1		SUDD	EN
		4100	if ony, which	DUE TO, OR A	S A CONSEQUENCE							
		gove rise	to immediate	(b)			onary Scl	erosis	3			
		lying couse l	ting the <u>under-</u> ost.	DUE TO, OR A	S A CONSEQUENCE	OF						
	-	BART A OTHER CICHE	CANT CONSTITUTE	(c)								
:	- 6	PARE Z UTHER SIGNIF	CAMI COMPILIONS C	ONIKIBUTING TO DEATH BE	IL MOLKSTYLED TO THE LEI	MINAL DISEAS	E OR CONDITION GIVEN IN PAI	RT 1 (a).				
-	일	19a. DATE OF OP	FRATION	Ties CONDITI	ON FOR WHICH OPE	PATIONW	AS DEDECIDANED?				20. AUTOPSY	2
-	5				- A THEIR OF							
-	CERTIFICATION	10 EXTERNAL C	AUSE WAS	21b TIME OF	NJURY	21c. Hc	OW INJURY OCCURRE	D LENTER NATURE	OF INJURY IN ITEM 18	PART I OR PART 2	YES	NO X
	A C	UNDERLYING	OR	HOUR A.M.	MONTH DAY YEA	AR		_ ,				
-	ĭă	CONTRIBUTING	URRED		FINJURY (ATHOME,	21f. LO	CATION					
1	ME	WHILE AT WORK	OT WHILE	STREET FACTO	RY, FARM, ETC.)		STREET	CITY	OR TOWN	COUNT	Y	STATE
	1	AI WORK - A	WORK								_	
		22a. I certify th			ribed obove, held on	Autop	sy , Inspection	n 💹 , Inq	uiry 🗶, o	nd in my opini	on	
		death resulted f	rom: Noture	ol couses XX	Accident , S	vicide 🔲	, Homicide	Undetermine	d monner			
		ACTUAL /	D.	· + 80.	/		TITLE (SPECIFY)			DATE	6 7	0-81
1		SIGNATURE	lend	let Ste	lareleel	M	Deputy	MEDICALE	XAMINER	SIGNED_	0-1	0-01
		XAMINER'S NA	ME Ren	edict Sk	itarelic		ADDRESS RD	9. Cum	berlan	d. Ma	. 215	02
1		TYPE OR PRINT)					ADDRESS			.a., 11a		
13	(SP	ECIFY)			23c. NAME OF C			23d. LOC ATK		COUNTY		TATE
2	4. FU	Buris		une15,19	81 Alta	Mesa			Alto.	Sant		ra
		NAME		ADDRESS			111	N 2 7 10		45mg/2	11 24	
		Dunet	Fino	thung	MA 27 E2	2	C. B. B. B.	DE 3 2 13	01	0 100		

Side of the state religible of the second of the Hale Miles out. . . Les gill elet and a Secretary of the second Across Loosest Decided 1 25 Sec. 25 Test 2 Section 25 Sec. 2 Indianate July 2 to all of the Bound of the Mes of the contract of the con Andrew Comment of the MILES IN THE CONTRACTOR OF THE PROPERTY OF THE Surgery vall, buil to the long but the Track Page 1 to 1. I have been MELLE . LE COMMISSIONE , RECOLL

STATE OF MARYLAND

A OFFICE C LINE OF THE CONTROL OF THE STATE W. W. W. W. P. 19 During Linds Commission of the . of intitle district . I will all the district from a family Link atoly sideo. fellotelly . I will mostly and than the at the LI MALY S. HILLIS, H.C. 909-2 SETCH DRIVE, TURESTLAND, IC 21502 Junial Dilling Constant Control of the Latinut THE ROBERT HAVE WITH AN EX 1545

3 5	OR			DEPARTMENT	OF HEALT	H AND MENTAL H	YGIEŅĘ		4	40	
1 - S	REGISTRAR		ME	DICAL EXA	MINER'S	CERTIFICATE O	FDEATH	REG. N	0.		
1. DEC	EASED NAME	FIRST		MIDDLE		LAST	2a. DA	E KNOWN	MONTH	DAY YEAR	2b HO
(IIIFE	ORPHINI)	Mary		Ethel	Wii	ntere	0	TH MATED	6 29	9 19 81	L
3. SEX	4 RA	CE	5. DATE OF BIRTH	6. AGE	(IN YEARS IF U			ATE DUNCED		DAY YEAR	2d. HO
fe	male	white	Sept 30	1907	73'RS.	DAYS HOURS		AD	6 29	9 1981	10:0
	THPLACE (STATE OR		76. CITIZEN OF WI	HAT COUNTRY?	8. MARE	RIED NEVER MARRI	ED	TIMORE CITY	_		PM
	ryland		U.S.A			WED NO DIVORCE		llegany			٨
	Y OR TOWN OF DE	ATH	11. NAME OF HOS	PITAL, NURSING I	HOME, OR OT	HER INSTITUTION		CUPATION (TY	PE OF WORK	b. KIND OF BU OR INDUST	
	mberland			Heart H		L	House	keeper-		-	
13a. ST		13b COUNT	Υ	13c. CITY OR TO	WN		13e STREET AD	DRESS			
	ryland	Alle	gany	Cresapt	own	YES NO X		Winches	ster Ro	i	
14. FA1	THER'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S MAIDE		MIDDLE		LAST	
14 n \A/	James AS DECEASED EVE	D INI II C ADA	ED FORCES	Bothw 16b. SOCIAL SEC		Cathe:	rine	ADDRES	20502	King	A -
QU. YV	S, NO, OR UNKNOWN)	(IF YES, GIVE W		217-66				ADDRES		Winter	
						Iouis R. V	Vinter		uresap	APPROXIMAT	
	18. CAUSE OF DEA	NTH (Enter anly WAS CAUSED	ane cause per line BY:							BETWEEN ONSE	
	0000	IMMEDIATE	100x (-)	ubdural H		age					
7	880		DUE TO, OR	AS A CONSEQUE	NCE OF						
	Conditions, if		(b)								
	cause (a) statin	ng the under-	< 1-/	AS A CONSEQUE	NCE OF						
	lying couse last	<u>t.</u>	(4)								
	PART 2 DTNER SIGNIFICA	INT CONDITIONS C	DNTRIBUTING TO DEATH	BUT NOT RELATED TO TH	E TERMINAL DISEA	SE DR CONDITION GIVEN IN PAR	RT 1 (a)				
CERTIFICATION											, III
3	19a. DATE OF OPER	RATION	196. CONDI	TION FOR WHICH	OPERATION V	WAS PERFORMED?				20 AUTOPSY	
F										YES X	NO [
CE	UNDERLYING			MONTH DAY	YEAR	OW INJURY OCCURRE		F INJURY IN ITEM 18	PART 1 OR PART 2	t)	
V 1	CONTRIBUTING	CAUSE OF D				1 down step	S				101
8	21d INJURY OCCU	RRED	21e PLACE C	OF INJURY (AT HO	ME, 21f. LC	OCATION STREET	CITY O	RTOWN	COIIN	TY	STATE
2	WHILE NO.	T WHILE X	cella	r/home				saptown	, All	eganyC	o, MD
/			of the remains des	cribed above, held	an Auto	psy XX, Inspection	n . Inqu	iry . o	nd in my opini	ion	
	deoth resulted fro	1 0	boules .	Accident VV	Suicide	, Hamicide	Undetermine				
	_	111	-1			TITLE (SPECIFY)					
	ACTUAL SIGNATURE	VX.	MA	11)		M.D. Assistan	t MEDICAL E	(AMINER	DATE SIGNED.	6/30	/81
		1,/							3.5.125	1.1.10	1167
	EXAMINER'S NAMI (TYPE OR PRINT)	H	ormez R.	Guard, M.	D.	ADDRESS 111 P	enn Str	eet,Bal	to.,MD	21201	
23a. BU	RIAL, CREMATION,	REMOVAL 23	b. DATE	23c. NAME C	F CEMETERY	OR CREMATORY	23d. LOCATIO	N	COUNTY	r s	TATE
	Burial	J	uly 3,198	31 Hille	rest B	urial Park	Cumbe	rland A	llegan	y Mary	Land
	NERAL DIRECTOR		ADDRESS	1.01	Decat	ur St 250. DATA	REC'D. BY REGIS	TRAR 256. REG	ISTRAR'S SIG	NATURE	May
	Joor-Monn	det Des	nonol Cos	mri ce Cum			Am (a li	101			1

STATE OF MARYLAND

A research Dight in the second transfer of man man m Tarte I to pick to trius time, all garding Movement to the particle of th